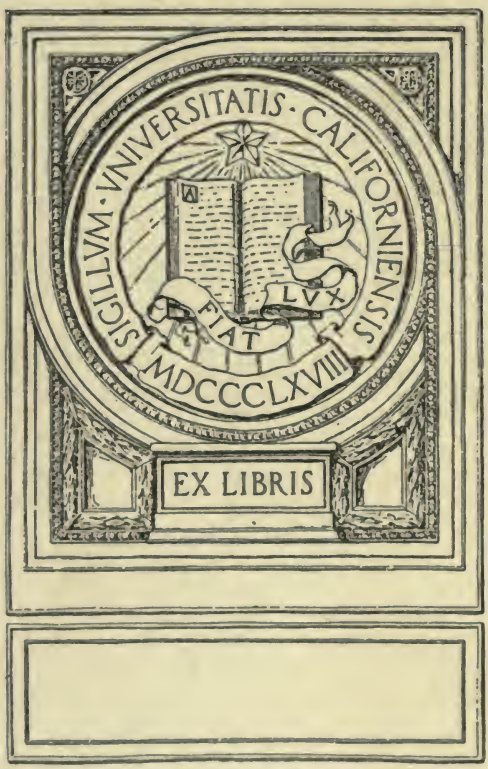
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THE MUSTERING OF MEDICAL SERVICE IN SCOTLAND

1914–1919

THE MUSTERING OF MEDICAL SERVICE IN SCOTLAND

1914–1919

BEING A RECORD OF THE WORK OF THE SCOTTISH MEDICAL SERVICE EMERGENCY COMMITTEE IN THE WAR

BY

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WITH A PREFACE BY

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LATELY DIRECTOR GENERAL OF ARMY MEDICAL SERVICES

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PREFACE

The Scottish Medical Service Emergency Committee has wisely resolved to publish an account of its work during the years 1914–1919. The story, as told by Capt. Currie in the following pages, is not merely interesting as a record of Scottish endeavour. It possesses a special value to a profession awakened to the important position it should occupy as an authority in State affairs.

In 1914 the leaders of the medical profession in Scotland assumed administrative and executive functions for the purpose of safeguarding the interests of the civil population, while at the same time arranging for the provision of medical aid to the Military Services of the Crown. The general mobilization of the Territorial Force and of the Reserve had withdrawn from civil avocations a large proportion of the Scottish profession. It became obvious that, as events developed, larger demands would be made upon its already diminished strength. At this crisis the profession in Scotland, with remarkably unanimity, entrusted its leaders with plenary powers. This was a voluntary submission to trusted authorities. The movement, had it been official, could not have attained the like success.

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As the world war developed, the difficulties which the Emergency Committee had to meet necessarily increased. The reader will learn, as he reads the story, how these were often anticipated and always surmounted. He will notice that, as the years rolled on, there were periods of difficulty which at times would almost appear to have endangered the success of the Committee's efforts. This point should not be lost sight of.

The provision of Officers for the rapidly expanding Royal Army Medical Corps was one of the chief difficulties which, from 1915 onwards, the War Office had to encounter. While it is true that the Army Medical Department was in some respects favourably situated in regard to this matter, the constant pressure from other Government Departments in their endeavours to retain their medical personnel for public purposes was often very embarrassing. In Scotland at least, the opposing interests were quickly harmonized by the leaders of the profession, as Capt. Currie lucidly explains, and from that time forward the anxieties of the War Office ceased. In the end Scotland contributed a larger proportion of Officers to the medical branch of the Army than had been anticipated.

The methods of the Committee are profoundly interesting. According to Tables I. and II. in the Text, compiled when the mustering of the medical service in Scotland began, the total medical personnel available for all the purposes the Committee had in view was three thousand eight hundred and twenty-two. Though

medical education continued to be carried on in the Scottish Universities, the increase of personnel so obtained hardly lightened the work of the Committee. The new graduates with few exceptions immediately joined the Royal Army Medical Corps. Medical resources for civil purposes were constantly diminishing. Despite such difficulties, the incessant demands of the War Office were nevertheless always met; and I feel bound to record the fact that, while the reasons for these demands could not of necessity be given, the demands were never questioned by the Committee but were complied with without a murmur. Great were the sacrifices that were made, sacrifices which it was the endeavour of the Committee to abate by a series of measures recorded in this volume, not the least of the achievements which can be put to the credit of Scottish Medicine.

One almost regrets that the original purely voluntary method could not continue beyond 1915. It was, however, inevitable under the circumstances that the Emergency Committee should become involved in the system which the difficulties of lay recruiting rendered necessary. But the drawbacks were minimized as far as possible. We find there is no abatement in the efforts of the Committee: the enthusiasm and loyalty of the profession are not diminished: the adjustments between civil and military claims go on as before; and indeed under the Military Service Acts of 1916, as Capt. Currie remarks, the special position of the profession is thrown into high relief.

Political changes in subsequent years altered the relations of the Committee. The creation of the Ministry of National Service broke its direct connection with the War Office, though the efforts of the War Office to preserve, as far as possible, the autonomy of the Committee were not by any means abated, were indeed never relaxed. Dr. Norman Walker, the Convener of the Committee, was appointed Scottish Medical Commissioner to the Ministry, which thus fell heir to the influential aid he had previously rendered to the War Office.

If I have given a brief outline of the chief points in the record of the earlier years of the Committee's work when the Scottish organization was founded upon a voluntary basis, I have done so because I consider that this period reflects even more distinction on the medical profession in Scotland than the subsequent or, as one may call it, the official period.

The history of the part which Scottish Medicine played throughout the War is worthy of careful study, if only because of the lessons which can be learned from its remarkable achievement. A graceful tribute is paid on page 198 by Capt. Currie to the Scottish profession. It is indeed abundantly clear that without its unswerving loyalty, not even the Committee, composed though it was of distinguished members of the civil profession, could have successfully realized its ideals of 1914. Even on Armistice Day Scotland was prepared to contribute still more officers to the Royal

Army Medical Corps if the War had been further prolonged.

Those of us who have served in the Royal Army Medical Corps and have grown accustomed to the struggle for medical autonomy in relation to military affairs may conclude from the course of certain transactions recorded in these pages that a not dissimilar movement may one day be believed to be possible in civil medicine. There can be no better example of how much administrative ability and business capacity are locked up in the profession of medicine than the history of its voluntary work in Scotland.

I have already referred to Dr. Norman Walker, the Convener of the Committee. From its earliest days he was its mainstay. His sympathy with the difficulties with which the War Office was faced and his obvious desire to help were a never-failing stimulus to those to whom questions of personnel were of the first importance. By the close of 1916, which ended for a time his direct relation with the War Office as Convener, Scotland had contributed 1800 officers to the Royal Army Medical Corps. The figure had risen to 2200 at the end of 1917, and to 2349 on Armistice Day.

In giving attention to the lessons which a study of this book suggests one may perhaps regret that Capt. Currie, who had himself served in the field and who had thus in a twofold capacity peculiar opportunities of studying the problems of the science and art of medicine in relation to the science and art of war, was precluded by the terms of the Committee's remit

from setting forth in more detail his views on these problems, which are at this moment of such special interest. Unanticipated difficulties in the late War were necessarily met by measures which, given time for reflection, might have been different. Most of these depended, and must always depend, on the organization of the civil profession for the expansion of the Regular Medical Corps for war needs. There is much to be done if the errors of the past are not to be repeated: Capt. Currie's views, and those of Dr. Norman Walker, on the procedure which should be adopted would be of signal value.

ALFRED KEOGH.

FRANCE,
August 1922.

INTRODUCTION

This work, undertaken at the request of the Scottish Medical Service Emergency Committee, is concerned with the actings of the Committee during the Recent War. It presents in addition, however imperfectly, a view of the manner in which civilian Scottish practitioners—as distinguished from regular officers of the Navy, Army and Air Force—answered the call to service for their King and their Country.

The Committee took up duty on 12 August 1914, and dissolved on 31 December 1919. Founded originally with the simple object of safeguarding civil practice, it became, before long, the accepted authority for medical recruiting in Scotland. Its field of activity, narrow at the outset, widened with the course of events. The narrative follows where the argument leads.

The things done or attempted during the period of over five years are recorded for the most part in chronological order. In tracing continuous movements the time sequence is in some cases broken. The substance of the Statutes, Regulations and other provisions which mark changes in the position of the medical profession and the Committee is embodied in the Text.

The Minutes, Correspondence, Memoranda, Registers and other documents of the Committee were placed at

my disposal, and consulted. For the details of matters transacted while I was furth of Scotland, I am principally indebted to Dr. Norman Walker, Convener of the Committee.

The tabular records up to 1916 are derived from contemporary counts employed or made by the Committee for recruiting purposes. Of the remaining tables most are based on an examination of the Committee's New War Register, prepared by the Committee in 1918 for its Recruiting Scheme of that year, and employed after the Armistice in connection with demobilization. In compiling the tables relating to the deaths of Scottish practitioners, I have been aided by Mr. T. H. Graham, Secretary of the Committee, now Branch Registrar for Scotland under the General Medical Council.

Use has been made of official publications issued by Departments of State, and of the lucid commentary on current happenings contained in the pages of the *British Medical Journal.*

J. R. CURRIE.

EDINBURGH,
June 1922.

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THE MUSTERING OF MEDICAL SERVICE IN SCOTLAND

CHAPTER I

1914

Conflicting Claims.—Serajevo.—British Mobilization.—Medical Position in Scotland.—First Medical Conference.—Emergency Committee.—Medical Strength: 1 August 1914.—Medical Distribution: 1 August 1914.—Early Transactions: *First Memorandum—Attitude of Profession—Dependants of Men on Service—Response to First Memorandum.*—Form of Undertaking.—Territorial Officers.—Meeting.—Close of 1914.

Conflicting Claims

THE Serb tribes which crossed the Danube in the era of Heraclius erected themselves after the lapse of years into the mediæval Serbian Kingdom, a warrior state which, surviving for a time the disastrous field of Kossovo, fell at last in 1459 before the policy of Mohammed II. But the spirit of the nation, unextinguished by Ottoman rule, revived in the nineteenth century, and in 1878 the Treaty of Berlin affirmed the independence of modern Serbia.

Renascent Serbia had aspired to reunion with the adjacent territories of Bosnia and Herzegovina, which had been included in the old Serbian Kingdom. The Treaty of Berlin committed these provinces to the military occupation of Austria-Hungary. They remained, however, a Turkish vilayet owning the sovereignty of the Sultan.

In 1908, pursuing her Balkan mission, Austria suddenly announced her complete annexation of Bosnia and Herzegovina. Serbia was aggrieved, and Russia, as the Protector of Serbia, began to prepare for war: but Germany, fulfilling the terms of her pact with Austria, ranged herself in shining armour beside her ally. Russia then acquiesced in the annexation as a thing accomplished, and Serbia renounced her attitude of protest. But Bosnia and Herzegovina, although incorporated under the Austro-Hungarian monarchy, were still the objects of Serbian ambition, and—according to Austria—of Serbian intrigue.

Serajevo

On 28 June 1914 the Archduke Francis Ferdinand, Heir-Presumptive of the House of Hapsburg and Commander-in-Chief of the Austrian Army, while attending military manœuvres in Bosnia, came to Serajevo, the capital of the province, accompanied by his wife, the Duchess of Hohenberg. As the illustrious visitors drove through the town two attacks were made upon them. The first attempt was unsuccessful: a native of Herzegovina threw a bomb, which exploded but missed its mark. Later in the morning, however, a Bosnian, having thrown a bomb which failed to explode, fired thrice with a Browning pistol. The Archduke and the Duchess—who tried to shield her husband—were both mortally wounded. An Austrian court of inquiry, held at Serajevo, traced the plot to Serbian sources, and described the bombs as hand-grenades from the Serbian Army Depot at Kragujevać.

On 23 July the Austro-Hungarian Government addressed a note to Serbia, prescribing steps to be taken by her for the punishment of the persons accessory to the crime, and for the general suppression of Serb propaganda directed against Austria-Hungary. A reply was expected by 6 o'clock in the evening of 25 July. Though the terms of the note were exacting,

the Serbian Government, advised by Russia, returned a conciliatory and timeous answer, reserving two matters only. But Austria required an acceptance in full. On 25 July her Minister left Belgrade. On 28 July 1914 the Austro-Hungarian Government declared war on Serbia.

Russia had already made it known that in the event of an attack on Serbia she could not remain indifferent. On 29 July the Imperial Government ordered a partial mobilization of the Russian Army. The prospect of hostilities between Russia and Austria involved France and Germany, their respective allies; and exchanges with a view to peace, in all of which His Britannic Majesty's Government was untiring, took place between the great European Powers. But on 31 July, when Austria, after previous refusal, had consented to discuss the whole Serbian position, the German Emperor decreed a state of war throughout his territories, and issued an ultimatum calling upon Russia to countermand her mobilization within twelve hours. On the same day German patrols crossed the French frontier. On 1 August the German Government declared war on Russia, and France began to mobilize.

The cloud which had darkened Eastern Europe was now imminent on the West. Two points were vital to Britain, the protection of the northern coasts of France against enemy attack by sea, and the territorial integrity of Belgium, safeguarded under Treaties of 1831 and 1839. On the former point Britain gave to France a conditional promise of naval assistance. On the latter point the British Government had asked the French and German Governments, on 31 July, for an engagement to respect the neutrality of Belgium. A satisfactory engagement was given by France on the day of asking, but Germany made no reply.

British Mobilization

On 2 August the British Naval Reserves were called up. The Army Reserves were summoned to the Colours and the Territorial Force embodied. On 4 August His Britannic Majesty's Government, repeating its request to Germany with regard to the integrity of Belgium, asked for an answer before midnight. At 7 o'clock in the evening of that day the German Secretary of State informed the British Ambassador at Berlin that the safety of the German Empire rendered it absolutely necessary that the Imperial troops should advance through Belgium.

From 11 p.m. on 4 August 1914 a State of War existed between Great Britain and Germany.

Medical Position in Scotland

An immediate consequence of the mobilization of the forces of the British Crown was the sudden withdrawal from civil practice in Scotland of some three hundred medical men, mainly practitioners who held commissions as Surgeons in the Royal Naval Reserve, or as Officers of the Royal Army Medical Corps, Special Reserve and Territorial Force, or of combatant units. Though the withdrawal was not in all cases complete, and though many of those withdrawn were not in general practice, the resulting gaps in the medical service of the country were such as to offer a problem.

The situation was rendered more difficult by the fact that the customary sources for the supply of vacancies ceased to be available. The Admiralty had promptly intimated that they required surgeons, whose age should not exceed forty years, for temporary service with the Royal Navy. The War Office had similarly called for civilian medical practitioners who would be granted the temporary rank of Lieutenant in the Army.

Their age was not to exceed thirty-five, but in exceptional cases gentlemen between thirty-five and forty might be accepted. These opportunities were eagerly grasped by the great majority of those younger practitioners not yet in settled practice who could have been secured in tranquil times as locum tenentes for civil work, so that the inconvenience following the abrupt departure of the Reserve and Territorial Officers had to be met for the most part in towns and populous places by ex tempore adjustments with neighbouring practices. A number of country areas, however, having lost their only doctor, were left defenceless, and the duty of making provision for their needs presented itself as urgent.

First Medical Conference

Under these circumstances it was aptly resolved by the then Chairman[1] of the Scottish Committee of the British Medical Association to call a conference of members of the medical profession in Scotland, in order to consider what steps should be taken to relieve the pressure of the hour. Representatives of the Scottish Universities, of the Medical Corporations in Scotland, of the General Medical Council, and the Scottish Committee were invited to be present; and the conference met in Edinburgh on 12 August 1914. After discussion, it proceeded to the appointment of a Committee "for the purpose of assisting to meet the immediate difficulties in regard to medical practice among the civil population which have arisen or may arise owing to the departure of practitioners summoned to take up military duty." The Committee so appointed received the designation of the Scottish Medical Service Emergency Committee.

[1] Dr. J. R. Hamilton.

Emergency Committee

The Scottish Medical Service Emergency Committee, hereinafter referred to as the Emergency Committee or the Committee, was composed, at its inauguration, of fifteen medical men, seven of whom were appointed ex officio, while eight were elected by the conference. The seven ex officio members were the Presidents[1] of the Royal College of Physicians, Edinburgh, the Royal College of Surgeons, Edinburgh, and the Royal Faculty of Physicians and Surgeons, Glasgow, together with the Deans[2] of the Faculties of Medicine of the Universities of St. Andrews, Glasgow, Aberdeen and Edinburgh. Of the eight elected members, six, who were engaged in general practice, included five office-bearers[3] of the British Medical Association, together with the President[4] of the Medical Guild. The two remaining elected members were the Deputy Chairman[5] of the Scottish Insurance Commission and the Direct Representative[6] for Scotland on the General Medical Council. The Direct Representative was the Convener of the Committee. The Committee at its first meeting appointed an executive sub-committee for the transaction of current business, and co-opted to membership a Medical Officer[7] of the Scottish Insurance Commission.

The headquarters of the Committee were at the Royal College of Physicians, Edinburgh. The Secretary of the Committee was the Librarian[8] of the College.

[1] Dr. J. J. Graham Brown, Prof. Francis M. Caird, Dr. John Barlow.

[2] Prof. J. A. C. Kynoch, Prof. D. Noël Paton, Prof. J. T. Cash, Prof. H. H. Littlejohn.

[3] Dr. John Adams, Dr. G. C. Anderson, Dr. John Gordon, Dr. J. R. Hamilton, Dr. John Stevens.

[4] Dr. John Playfair.

[5] Dr. John C. M'Vail.

[6] Dr. Norman Walker.

[7] Dr. J. R. Currie.

[8] Mr. T. H. Graham.

The field of enterprise entrusted to the Committee covered the whole of Scotland. The population of the country at the 1911 Census had been 4,760,904. The estimates for succeeding years by the Registrar-General for Scotland might under more normal conditions have been turned to account by the Committee in reckoning up the inhabitants of districts so as to compute their medical requirements ; but mobilization and enlistment, migration into munition areas and other abnormal causes had from 1914 onwards a disturbing effect on the numbers of local populations, the extent of which the Registrar-General could not determine. The Committee, therefore, adhered to the 1911 Census as the standard for its calculations up to June 1916, believing the Census figures to be as good as any available, and sufficient for the practical objects in view.

Medical Strength : 1 August 1914

It was necessary also, for the purposes of the Committee, to define, as soon and as closely as possible, the effective medical strength of the country. The number of persons whose names were contained in the Local Register for Scotland, that is to say, the Scottish portion of the Medical Register formed pursuant to the Medical Act of 1858, was for 1914, 13,330 ; but many of these were not resident in Scotland. The numerical summary of the profession published in the Medical Directory assigned to Scotland, in 1914, 4032 resident practitioners.

The total figure of the Directory, however, did not present a grouping of medical men according to the nature of their work. For this information the Committee drew upon other sources. It obtained from the Scottish Insurance Commission the number of Insurance

practitioners in Scotland in 1914. For facts regarding the profession as a whole it was indebted to a count made, as at July 1914, by the British Medical Association. The count exhibited the number of members of the profession resident in Scotland, arranged under the classes of private practitioners; insurance practitioners; consultants; whole-time officials, including teachers of medicine, medical officers of health, tuberculosis officers, institutional officers and Regular Naval and Military Officers; together with dental, retired and unestablished practitioners. The delimitation of most of the classes did not present serious difficulty. With regard to others, the boundary line could not, in all cases, be clearly drawn. These complications, which came before the Committee in the course of later inquiries, were adjusted as the facts were ascertained. The figures adopted as representing the main classes of Scottish practitioners[1] — but excluding Regular Naval and Military Officers—immediately prior to the British mobilization were those stated in Table I.

TABLE I

CLASSIFICATION OF SCOTTISH CIVILIAN PRACTITIONERS: 1 AUGUST 1914

Private Practitioners	376
Insurance Practitioners	1796
Consultants	248
Whole-time officials	514
Dental and Retired Practitioners	269
Unestablished Practitioners	619
Total	3822

[1] Unless otherwise indicated by the context the expression *Scottish Practitioner* will be understood to mean a practitioner medically domiciled in Scotland.

Medical Distribution: 1 August 1914

The distribution of the medical personnel of Scotland according to their place of residence was not less important to the Committee than the classification set forth in Table I., since the two factors, distribution and classification, taken jointly with the estimated population of areas, were to furnish the data for determining whether the depletion of the medical complement of a locality had for the time being reached the limit of safety. The distribution areas selected by the Committee were, as will be stated,[1] the Scottish Divisions [2] of the British Medical Association, the four Glasgow Divisions being counted as one. Particulars were derived, as before, for Insurance practitioners from the Scottish Insurance Commission; for the profession generally, from an adaptation of the count made by the British Medical Association. The distribution figures, as at 1 August 1914, are shown in Table II., which exhibits in column 1 the names of Divisions; in column 2 the population at the 1911 Census adjusted for changes of boundary since that date; in column 3 the number of General [3] Practitioners, comprising the first two classes of Table I.; in column 4 the number of Other [4] Practitioners, comprising the remaining classes of Table I.; in column 5 the total number of practitioners; and in column 6 the population per general practitioner.

[1] P. 29. [2] Appendix I.

[3] *General Practitioners* include private and Insurance practitioners. A *Private Practitioner* is a non-panel general practitioner. An *Insurance Practitioner* is a panel practitioner.

[4] *Other Practitioners* include consultants, whole-time officials (excluding regular naval and military officers), dental, retired and unestablished practitioners.

TABLE II

Distribution of Scottish Civilian Practitioners: 1 August 1914

1	2	3	4	5	6
Division.	Population.	Medical Personnel.			Population per General Practitioner.
		General Practitioners.	Other Practitioners.	Total.	
Aberdeen	353,185	161	125	286	2194
Argyll	70,902	52	23	75	1364
Ayr	268,337	132	38	170	2033
Banff, Elgin and Nairn	114,148	66	36	102	1730
Caithness and Sutherland	52,189	26	10	36	2007
Dumbarton	136,233	53	25	78	2570
Dumfries and Galloway	143,190	82	52	134	1746
Dundee	281,417	101	77	178	2786
Edinburgh and Leith	400,806	232	473	705	1728
Fife	267,739	99	62	161	2704
Glasgow	1,008,487	461	395	856	2188
Inverness	53,096	31	20	51	1713
Islands	72,325	27	11	38	2679
Lanark	477,613	162	89	251	2948
Lothians	230,269	96	57	153	2399
Orkney	25,897	20	4	24	1295
Perth	124,342	52	24	76	2391
Renfrew and Bute	297,270	138	52	190	2154
Ross and Cromarty	39,215	17	17	34	2307
South Eastern	116,694	58	24	82	2012
Stirling	199,639	92	35	127	2170
Zetland	27,911	14	1	15	1994
Total	4,760,904	2172	1650	3822	2192

According to the Table the population per General Practitioner in the twenty-two Divisions ranged from 1295 to 2948. Seven Divisions were below the 2000 level. In three of these, Argyll, Orkney and Zetland, the estranging sea with its lochs and sounds restricts the dimensions of practices and increases their number. In three, Banff, Elgin and Nairn, Inverness and Dumfries and Galloway, the spurs of the Grampians and the Southern Uplands have a similar isolating action. In Edinburgh and Leith medical practice is actively carried on by both private and insurance practitioners. Three Divisions, Dundee, Fife and Lanark, had over 2700 persons per general practitioner. All these are actively industrial.

The number of Other Practitioners, comprising consultants, whole-time officials, dental,[1] retired and unestablished practitioners, was relatively high in the University areas of Aberdeen, Dundee, Edinburgh and Glasgow, where 233 of the 248 Scottish consultants resided and where whole-time officials abound. The Edinburgh figure for Other Practitioners was further augmented by the inclusion of 204 unestablished practitioners, practically one-third of the total count of such practitioners in Scotland.

The number of the profession medically domiciled in Scotland as distributed in Table II. was taken by the Committee as the high-water mark with reference to which in the ensuing years of the war it observed, and endeavoured to regulate, the changing aspects of the medical situation. Gains to civil practice during the period were few, as most young graduates entered the Services. The dominant factor in the position through-

[1] A *Dental Practitioner* means a Dental Medical Practitioner —that is to say, a duly qualified medical practitioner engaged in the practice of dentistry.

out was the steady decrease of the effective medical strength of the country due to the withdrawal of established civil practitioners from their districts in order to take up military[1] duty.

Early Transactions

The early phase of the Emergency Committee's work, extending from 12 August 1914 to the close of that year, was in the civil sphere. It mainly related, in terms of the inaugural remit, to the making of arrangements for filling vacated general practices. In taking action towards this end, the Committee pursued two principal objects which, though not based on identical grounds, were usually in practice inseparable. The *first* was the maintenance of the efficiency of the medical practice of areas so far as compatible with the requirements of the Army. The *second* was the safeguarding of the home interests of practitioners absent on military service.

The former object, that is to say, the maintenance of medical practice, was the theme of the Committee's *First Memorandum*[2] to the medical profession, which was printed in the Scottish press on 19 August 1914. The Committee in this document expressed its conviction that the profession generally would recognize that the needs of the civilian population must continue to be met, and that whoever relieved a colleague summoned to military duty was ipso facto also serving his country. It held itself out as furnishing a clearing-house for the dissemination of information, on the one hand regarding

[1] Unless otherwise indicated by the context, the expressions *Army* and *Military*, when employed in a general sense, include Navy, Army, and, later, Air Force.

[2] Appendix II.

districts or practices deprived of qualified practitioners, and on the other hand regarding practitioners prepared to undertake such vacancies. It accordingly invited communications from practitioners desirous either of obtaining or of affording help. It requested retired practitioners who were able for duty to send in their names for allocation to practices, recorded its view that the fee offered to a locum tenens for a practitioner absent on service should not exceed five guineas per week, and proposed a reduction in the numbers of the resident staff at large hospitals, infirmaries and asylums.

The Committee's reliance on the *Attitude of the Profession* towards the problems arising for settlement was already in course of justification in a number of areas by the zeal of practitioners. On 7 August 1914 the British Medical Association had circularized Divisions on the immediate claims of the war, and meetings of medical men in many places in Scotland had adopted resolutions to attend the patients of practitioners called out on active service. On 17 August 1914, under the auspices of Dundee Local Medical Committee, an emergency *Medical Bureau* was instituted at Dundee with central office at the Royal Infirmary. The patients cared for were both private and insured, and the work was assisted by several senior practitioners of the city.

Another spontaneous undertaking of the profession in the early days of the war was the provision of gratuitous medical attendance in Great Britain to the *Dependants of Men on Service*. The scheme, which originated in an offer made to His Majesty's Government by the British Medical Association and the Pharmaceutical Society of Great Britain, was cordially received by medical men in Scotland. The Dumbartonshire Division of the British Medical Association,

meeting with the County Local Medical and Panel Committees on 26 August 1914, made a pronouncement in its favour. The Edinburgh and Leith Division, meeting on 28 August 1914, resolved that the profession should systematically co-operate for the purposes of the scheme with the Soldiers' and Sailors' Families Association and the Local Committees for the Prevention and Relief of Distress. The general arrangements were made public in a letter to the Press of 17 September 1914 by the President of the Board of Education. As pharmacists, like practitioners, made no charge for their work, and as the Executive Committee of the Prince of Wales's Fund agreed to defray the cost of medicines and appliances, the whole service was free to approved beneficiaries. The organization of this enterprise, on the medical side, was begun and carried through by the Executive of the British Medical Association, to whom, as well as to the practitioners who took duty under the scheme, much credit was properly ascribed.

The general alacrity of the profession in Scotland made manifest in these activities was not less evident in its *Response* to the request contained in the Committee's First Memorandum. A number of medical men, of whom some had retired, placed themselves in the Committee's hands as willing to take charge of practices, and the most pressing difficulties in the single-handed areas were by their help overcome. By the end of the year relief had been afforded to a score of places ranging from Sutherland to Roxburghshire and Argyll, and in several instances substitutes were provided in institutions for Resident Medical Officers called up for military duty.

Form of Undertaking

In providing locum tenentes to maintain the medical attendance of districts, the Committee at the same time gave heed to its second principal object, the protection of the interests of absent practitioners. It drew up a Form of Undertaking[1] for signature by those who through its agency were introduced to vacant practices. Unless it was otherwise arranged in writing between the practitioners concerned, every locum tenens acting under the Committee's arrangements was, by the fact of his so acting, held to agree not to practise as a Physician, Surgeon or Apothecary in the town in which he was acting for the regular practitioner, or within a distance of seven miles from such town or from the regular practitioner's house, for a period of five years from and after the date when the regular practitioner returned to work or ceased to serve with the Colours. Any question arising under the agreement was to be submitted to the Presidents for the time being of the Royal College of Physicians, Edinburgh, the Royal College of Surgeons, Edinburgh, and the Royal Faculty of Physicians and Surgeons, Glasgow, as joint arbiters, whose decision should be final. The agreement, though superfluous in most cases, for the locum tenentes were above self-seeking, was much appreciated by officers on service, who were enabled by its means to dismiss the fear that the helper might one day be a rival.

Territorial Officers

It is indicated above that at the outbreak of war the withdrawal of medical men from civil practice was not

[1] Appendix III.

in all cases complete. A certain number of Territorial Officers, so long as the units to which they belonged remained in their residential areas, were able in the intervals of military duty to devote some attention to their own or adjacent practices, and so help to relieve the general shortage. When units, however, began to be passed for overseas service their medical officers became due to accompany them, and as these officers were in most cases experienced practitioners, with a long-standing knowledge of their districts, it was certain that their places would be difficult to fill.

The Emergency Committee accordingly communicated with the Director General,[1] Army Medical Services, placing these considerations before him, and requesting that he would, as far as military claims permitted, forbear to remove the single-practice men when their Territorial units received marching orders. In taking this course the Committee acted in consultation with the Scottish Insurance Commission and the Highlands and Islands Medical Service Board. Representations in a similar sense were made to the Army Authorities at the instance of the Executive Committee of the General Medical Council.

On 10 December 1914 a letter was issued by command of the Army Council to General Officers Commanding-in-Chief all Commands at home to the effect that when a mobilized Territorial unit was moved from its own locality in Great Britain steps should be taken, by exchange, substitution or temporary demobilization, to enable its medical officer to remain at home, if necessary, in charge of his civil work; and further, that when a mobilized Territorial unit volunteered for Imperial service abroad, its medical officer was to be permitted the option either of accompanying it to the theatre

[1] Sir Alfred Keogh.

of war, or of continuing in his own district with the corresponding Reserve unit.

The action taken along these lines achieved a useful purpose. Without impairing the medical attendance provided for troops in the field, it lightened for the time the burden of civil practice in outlying and depleted areas.

Meeting

On 16 December 1914 the Convener[1] of the Emergency Committee addressed a meeting of practitioners in the Hall of the Royal Faculty of Physicians and Surgeons, Glasgow. He described the origin and objects of the Committee, and spoke in support of its recommendations to the profession as set forth in the First Memorandum. He was in a position to state that the Committee's advice to cut down the resident staff of large hospitals and infirmaries had been most faithfully given effect to. He adduced as examples a Professor of Medicine who was taking duty as his own house-physician, and a Professor of Anatomy who was acting as house-surgeon in the hospital attached to his medical school. The President[2] of the General Medical Council, who attended the meeting, said that there had been a danger of the breaking down of civil practice in Scotland, and commended the efforts made by the Committee to promote solidarity in the profession.

Close of 1914

Reviewing the medical situation in Scotland in December 1914, the Committee ascertained that of 1796 Insurance practitioners on Scottish medical lists, 162 were on service with His Majesty's forces.

[1] Dr. Norman Walker. [2] Sir Donald MacAlister.

Eighteen of these had departed from areas which, but for arrangements made in relief, would have been cut off from medical attendance, while 144 were derived from places where the embarrassment was less acute. With regard to the 376 private general practitioners and the 1650 other practitioners who completed the Scottish tale of 3822 medical men, the Committee's information was at this date less precise; but it was satisfied, from facts communicated to it by its individual members and reported from other sources, that a material shrinkage had taken place, affecting all the classes of practitioners engaged in active work.

Antwerp had fallen in October, the Battles of Ypres, 1914, had now been fought and the period of trench warfare on the Western Front had begun. It was plain that the supply of medical officers for the armies in process of formation to take their place in the field would make still further claims on the medical personnel of the country, and the Committee proceeded at the close of the year to address itself to the question of the nature and extent of the medical organization which would be required to satisfy these impending demands.

CHAPTER II

1915. § 1

Classification of Practices: *Second Memorandum.*—Action in England.—Letter of Director General, A.M.S.—Various Results ensuing: *Third Memorandum—Applications for Commissions — Agreement — Organized Response — Medical Bureau—British Medical Association.*—Second Medical Conference. — Medical Recruiting Project. — Emergency Committee in Charge: *Royal Navy—Territorial Force.*—Medical Strength: 15 May 1915.—Medical Distribution: 15 May 1915.

Classification of Practices

In January 1915 the Emergency Committee issued to the profession its *Second Memorandum*, dealing more particularly with the Committee's second principal object, the protection of the home interests of practitioners serving with His Majesty's forces. In this paper the Committee offered advice on the general principles which should be followed in making arrangements for carrying on vacated practices. It explained that the supply of available locum tenentes was so meagre that practitioners whose duty kept them at home must be relied on to add the practices of absentees to their own. The case as between military and civilian service was stated in the following terms:

> The man who is with the forces has the stimulus of fresh and interesting work, and he has the satisfaction and honour of directly serving his country. On the other hand, he may imperil the

position he has established perhaps after many years of hard work. The man who remains to do the necessary work at home has a more prosaic duty. He has to take on a large addition to work which may be already considerable, and he has to do this without the prospect of its being of any lasting benefit to him: for it is the essence of these arrangements that they are only for the period of the war, and that the absentee, when he returns, shall find his practice as nearly as possible intact.

Proceeding to suggest a scale according to which the remuneration derived from the added practices should be shared between the absent holder and his vice-gerent for the time being, the Committee took the view that the distance requiring to be travelled in visiting patients should be the ruling factor. It divided medical practices into the three classes of Town, Town and Country and Country practices, and proposed the following allocations:

CLASS I.—*Town Practices.*—Including large towns. Half share of all remuneration to absentee and half to deputy.

CLASS II.—*Town and Country Practices.*—Including towns with considerable population, but with a large amount of country work involving travelling expenses. Three-eighths share to absentee and five-eighths to deputy.

CLASS III.—*Country Practices.*—Including single-practice areas, other country places, and small towns with most of the work in the surrounding country. A larger share[1] to deputy.

The Committee was aware that the distinction between the three classes of practice, as defined, could not depend entirely on geographical situation, and that consideration of the facts and of local conditions must determine the correct point of view in doubtful cases. It held that the suggested allocations were applicable to both private and insurance practice. It proposed a style for the rendering of

[1] Made more explicit in Fourth Memorandum, printed as Appendix IV.

accounts for private work on behalf of absentees. It stated its confidence that no deputy acting for an insurance practitioner absent on war service would wittingly endeavour to secure the transfer of the absentee's patients to his own panel list, and it recalled that for the due performance of the work such transfer was not necessary, as the existing Insurance agreements recognized the position of the deputy and provided for his employment.

The principles and allocations suggested in the Second Memorandum were accepted by Scottish practitioners and formed the basis of a number of settlements.

Action in England

On 27 January 1915, at a meeting in London of the Council of the British Medical Association, a member of Council, who was also a member[1] of the Emergency Committee, made reference to the Committee's work in dealing with medical difficulties in Scotland, and the Council appointed a Special Committee to take such corresponding action in England as might appear advisable. The Special Committee drew the attention of English Divisions and Branches to the Emergency Committee's Second Memorandum, and recommended that the whole question of medical arrangements should at once receive their consideration. These proceedings of the Special Committee, and the references to the Emergency Committee on this and other occasions, contained in the Journal of the Association, reflect the friendly relations which subsisted throughout the war between the Committee and its English co-workers.

[1] Dr. John Adams.

Letter of Director General, A.M.S.

On 10 March 1915 the Director General[1] of Army Medical Services addressed from the War Office to the medical press the letter quoted hereunder:

I should be glad if you will allow me to explain through your columns our position with regard to the employment of medical men for the Army. It is briefly as follows :—

1. The need of medical men, both for home and foreign service, is acute. We want every qualified man who is physically fit and willing to serve.

2. We are in special need of general practitioners, and would be glad to take on expert surgeons, ophthalmologists, radiographers, etc.

3. We would give suitable men immediate employment.

4. At present we are not, except in special cases, sending men of over 40 years of age overseas, but we should gladly take on older men for home service.

5. We do not wish to denude the country of civil practitioners, but every man who can arrange for his work to be done at home should come forward as early as possible if we are to keep up an adequate supply of medical attendance to our armies in the field. This is really a national emergency, and we hope that the medical profession, who have already done so much, will assist the responsible authorities to meet it.

Should any qualified man wish to obtain a temporary commission in the Royal Army Medical Corps, he should apply to the Secretary, War Office, Whitehall, S.W., for the necessary forms.

Various Results ensuing

The above important document, claiming in clear terms, and on convincing grounds, the support and service of the profession, prompted the Committee to issue its *Third Memorandum* as a paving of the way towards that co-ordinated effort for the supply of medical officers which was now unmistakably fore-

[1] Sir Alfred Keogh.

shadowed. In this memorandum the Committee drew the attention of the public to the great strain imposed upon practitioners, many of whom were working 15 to 16 hours a day, and requested patients and their friends to send their messages for the doctor as early as possible in the morning. It proposed to School Boards and other Educational Authorities that they should release entirely, or in part, those of their medical officers who were willing to resume general medical work. It again called upon retired doctors to render such aid as might be possible, and it suggested that the younger lecturers and assistants in the medical schools should use the period of their holiday to lighten the burden of country practitioners suffering from overwork. It urged the need for the organization of all professional forces.

Consequent on the publication of the Director General's letter, it came to the knowledge of the Committee that *Applications for Commissions* by individual medical men had begun to increase in frequency. The Committee in 1914 had approached[1] the War Office with reference to single-handed practices: there now came in sight the further risk that places in which there were several practitioners might, through the ardour of the local profession, sustain such a loss of medical personnel as to fall below the efficiency level. The Committee therefore joined in an *Agreement* with the War Office and the Scottish Insurance Commission, in virtue of which the names of all medical applicants for military service issuing from Scotland were sent by the Director General to the Commission, who conferred with the Committee. If the two bodies, on inquiry, were satisfied that arrangements could be made to carry on a practitioner's civil work in his

[1] P. 16.

absence, they intimated to the War Office that they had no objection to his employment with the Army. If they were not satisfied, they so informed the War Office, and the practitioner's application was refused or held up pending adjustment of the local position. Later in the year, when the Committee had been recognized by the War Office as a recruiting agency, the Insurance Commission withdrew, and the negotiations took place between the War Office and the Committee direct. Total rejection on the grounds specified was rare, but a number of candidates were delayed for short periods to the advantage of all concerned.

The above proceedings principally related to isolated offers of service inspired by the Director General's letter, but *Organized Response* to the stimulus which he had applied was not slow to follow. In the front of the movement for combined action was the Aberdeen Branch of the British Medical Association, the acting President of which was a member [1] of the Emergency Committee. On 24 March 1915 the Branch sent out a circular to the local profession, requesting civil members to volunteer for whole-time or part-time military service, and desiring them to intimate on a schedule provided the particulars of their offer. A *Medical Bureau* was established in Aberdeen for securing attendance on the private and insured patients of practitioners absent with His Majesty's forces. The Bureau had its headquarters in Aberdeen Royal Infirmary, and was managed by an Executive Committee under the convenership of the member of the Emergency Committee referred to.

On 8 April 1915 the Special Committee of the *British Medical Association*, after an interview with the Director General [2] and the Assistant Director

[1] Dr. John Gordon. [2] Sir Alfred Keogh.

General[1] of Army Medical Services, addressed a letter to all Divisions in the United Kingdom, urging upon them that they should take action on the Director General's appeal, by devising means to free for the Army those medical men who were willing to apply for commissions, and by making arrangements with local military authorities for part-time work with troops by civil practitioners. The measures proposed in the Association's letter were promptly given effect to in Scotland. The Ayrshire Division, for example, meeting on 15 April 1915, appointed a Committee to take all suitable steps. The Perth Branch, meeting on the following day, chose a Committee with a similar object. The Fife Branch, on 20 April divided its county into seven districts, each of which was to free medical men for service. The Glasgow Eastern Division, also on 20 April, being informed of the Scheme of the Glasgow Local Medical Committee for carrying on the practices of absentees with the aid of Bureaux,[2] set up a Committee to make arrangements for liberating practitioners for military duty. The South Eastern Counties Division and the Lanarkshire Division, meeting a little later, resolved that their areas should be organized so as to permit of practitioners joining the Army.

Second Medical Conference

While the work was thus advancing in the separate areas of the country, it had in the meantime seemed desirable to the Chairman[3] of the Scottish Committee of the British Medical Association that a Second Con-

[1] Lt.-Col. A. P. Blenkinsop.

[2] Emergency Bureaux were in operation in Glasgow for about three months.

[3] Dr. J. R. Hamilton.

ference of representative members of the profession should be convened, the purpose of the Second Conference being to consider the need of the Royal Army Medical Corps for the provision of officers. Among those invited to attend, in addition to the members of the Scottish Committee, were the Deputy Director[1] of Medical Services, Scottish Command; the Presidents[2] of the three medical corporations in Scotland; the Dean[3] of the Faculty of Medicine, Edinburgh University; the Medical Member[4] of the Local Government Board for Scotland; the Deputy Chairman[5] of the Scottish Insurance Commission; the Direct Representative[6] for Scotland on the General Medical Council; and the Medical Secretary[7] of the British Medical Association. The three Presidents, the Dean, the Deputy Chairman, the Direct Representative and five members[8] of the Scottish Committee were members of the Emergency Committee. The Second Conference was held in Edinburgh on 15 May 1915. Having heard explanations of various points by the Deputy Director and the Medical Secretary, the Conference, as a joint meeting, resolved to endeavour to provide before 7 July 1915 at least 400 additional medical men for the Army.

Medical Recruiting Project

In order to give effect to the above Resolution, the Scottish Committee of the British Medical Association,

[1] Surgeon-General Bourke.

[2] Dr. A. H. F. Barbour, Mr. J. W. B. Hodsdon, Dr. Ebenezer Duncan.

[3] Prof. H. H. Littlejohn.

[4] Dr. W. Leslie Mackenzie.

[5] Dr. John C. M'Vail.

[6] Dr. Norman Walker.

[7] Dr. Alfred Cox.

[8] Dr. John Adams, Dr. G. C. Anderson, Dr. John Gordon, Dr. J. R. Hamilton, Dr. John Stevens.

on 21 May 1915, addressed to Scottish Branches a circular in which each Branch was informed of its share of the total 400 according to its medical strength, and was requested to state how far it would be able to meet the call. Branches were asked further to indicate how many of their medical practitioners had already joined the Royal Army Medical Corps, either Regular or Territorial. Returns along the lines laid down were duly made.

These measures of the Scottish Committee were well-devised, but an anomalous position was developing. On one side the Scottish Committee was calling on practitioners to join the Army. On the other side the Emergency Committee was attempting to safeguard the home interests of practitioners who had already joined, and to maintain, so far as military requirements permitted, the standards of civil practice. The objects of the two Committees, though not antagonistic, were different. It was vital to progress that the Committees themselves should not seem to be in opposition. This untoward possibility was carefully examined by both Committees in the light of the national crisis, and as a result it was decided by the Scottish Committee to place in the hands of the Emergency Committee the records which they had collected, and to ask the Emergency Committee to undertake the duty of co-ordinating and organizing the effort for the provision of medical officers for the Army which had begun to be made throughout Scotland.

At this time the Battles of Ypres, 1915, had been concluded, the Battles of Helles were drawing to a close, and the Battles of Anzac were over. Italy had declared war on Austria.

Emergency Committee in Charge

The request put forward by the Scottish Committee could not but claim the earnest consideration of the Emergency Committee. In the course of an interview at the War Office on 3 June 1915, the Convener[1] of the Committee and the President[2] of the Royal College of Surgeons learned from the Director General[3] of Army Medical Services that the War Office would welcome with much cordiality any help which the Committee could render. Immediately thereafter the Committee met, reviewed its resources and decided to take up the task.

In accepting the control of medical recruiting in Scotland, the Committee was putting out on what was to it an uncharted sea. Its original functions, by this time familiar, of looking to the interests of practitioners and the needs of the civil population, would continue to be performed, and would require to be carried on with increasing care as conditions grew more stringent; but it was now to engage in the wider adventure of bringing to the notice of civilian medical men their duty to the Army, and of offering them its guidance and direction in answering the call to action. The Committee recognized that, as a Committee, it was a temporary creation. It had, however, the approval of the War Office and the support of the British Medical Association. It was by its membership in touch with various branches, sections and ages of the profession; and, by means of problems already dealt with, it had acquired experience which it was ready to place at the disposal of any who, while eager

[1] Dr. Norman Walker. [2] Mr. J. W. B. Hodsdon.
[3] Sir Alfred Keogh.

to give the most fitting service, might be in doubt which way to walk.

The Committee in pursuing its undertaking had no general agreement with the Senior Service. The requirements of the *Royal Navy* and its Reserves for qualified medical men had by this date been substantially met, and the supply of undergraduates for employment as Surgeon Probationers was being procured from the medical schools. From time to time, however, a practitioner who desired to serve at sea was directed by the Committee to the Admiralty, or a Temporary Surgeon, at the Committee's request, was released from his ship. These were friendly incidents, and the Committee's dealings with the Naval authorities were cordial throughout the war. Nor did the Committee engage to supply the needs of the *Territorial Force*. Its main endeavour, as will appear from the narrative, was the provision of temporary medical officers for the Regular Army.

Medical Strength: 15 May 1915

The Committee adopted as its local administrative areas the Divisions[1] of the British Medical Association, the four Glasgow Divisions being counted as one; and thought it essential, before making demands, to ascertain how far the medical strength of Divisions was already reduced, or was on the point of being reduced, by withdrawals of Scottish practitioners[2] for whole-time service. It accordingly issued, on 15 June 1915, a Circular to Secretaries of Divisions requesting them to furnish in a week from that day information respecting their areas under three scheduled heads, namely:

[1] Appendix I. [2] Footnote, p. 8.

Schedule A. — Names and details of civilian practitioners[1] accepted for whole-time service before 15 June 1915, and whether called up on mobilization.

Schedule B.—Names and details of civilian practitioners committed to whole-time service by applications for commissions before 15 June 1915, and whether before or after 15 May 1915.

Schedule C.—Names and details of civilian practitioners who at 15 June 1915 had not applied for commissions, but were ready to do so if suitable home arrangements could be made.

This information was timeously supplied by most Divisional Secretaries. The offers under Schedule C were satisfactory. The facts under Schedules A and B were as shown in Tables III. and IV., the balance being struck as at 15 May 1915, and rejected applications for commissions excluded.

TABLE III

CLASSIFICATION OF SCOTTISH CIVILIAN PRACTITIONERS ON, OR COMMITTED TO, WHOLE-TIME MILITARY SERVICE AT 15 MAY 1915

1	2	3	4
	Total by Table I.	On, or for, Whole-time Service.	Remaining.
Private Practitioners . . .	376	70	306
Insurance Practitioners . . .	1796	254	1542
Consultants	248	28	220
Whole-time officials . . .	514	77	437
Dental and Retired Practitioners .	269	8	261
Unestablished Practitioners . .	619	204	415
TOTAL . .	3822	641	3181

[1] The expression *Civilian Practitioner* excludes permanent officers of the Royal Navy, Regular Army and, later, Air Force. Unless otherwise indicated by the context, it will be held to include officers of the Royal Naval Reserves, officers of the Special Reserve of the Army, officers of the Territorial Force, and temporary officers of the Royal Navy and Regular Army.

TABLE IV

Distribution of Scottish Civilian Practitioners on, or Committed to, Whole-time Military Service at 15 May 1915

1	2	3	4	5	6	7	8
Division.	Medical Personnel.						Population per G.P. Remaining (Col. 6).
	Total by Table II.		On, or for, Whole-time Service.		Remaining.		
	G.P.	Others.	G.P.	Others.	G.P.	Others.	
Aberdeen	161	125	35	63	126	62	2803
Argyll	52	23	6	...	46	23	1541
Ayr	132	38	8	6	124	32	2164
Banff, Elgin and Nairn	66	36	9	21	57	15	2003
Caithness and Sutherland	26	10	6	1	20	9	2609
Dumbarton	53	25	6	7	47	18	2899
Dumfries and Galloway	82	52	13	9	69	43	2075
Dundee	101	77	18	3	83	74	3391
Edinburgh and Leith	232	473	39	46	193	427	2077
Fife	99	62	16	9	83	53	3226
Glasgow	461	395	74	66	387	329	2606
Inverness	31	20	9	1	22	19	2413
Islands	27	11	3	1	24	10	3014
Lanark	162	89	21	53	141	36	3387
Lothians	96	57	12	2	84	55	2741
Orkney	20	4	1	...	19	4	1363
Perth	52	24	11	7	41	17	3033
Renfrew and Bute	138	52	18	14	120	38	2477
Ross and Cromarty	17	17	1	3	16	14	2451
South Eastern	58	24	11	2	47	22	2483
Stirling	92	35	7	3	85	32	2349
Zetland	14	1	...	...	14	1	1994
Total	2172	1650	324	317	1848	1333	2576
Grand Total	3822		641		3181		

Of the total of 641 practitioners referred to in column 3 of Table III., and in the sum of columns 4 and 5 of Table IV. as on, or committed to, whole-time service at 15 May 1915, 627 were already on duty with His Majesty's forces, while 14 were awaiting commissions which in the event they received. As Tables III. and IV. relate to whole-time military service only, they do not include Territorial Officers employed à la suite of General Hospitals.

Medical Distribution: 15 May 1915

Comparing column 6 of Table II., dated 1 August 1914, with column 8 of Table IV., dated 15 May 1915, the Committee observed that the ratio of population per General Practitioner at the later date showed a definite upward tendency, implying a corresponding decrease of the General Practitioner strength of Divisions. For Scotland as a whole the figure had risen from 2192 to 2576. On 1 August 1914 no Division reached 3000; by 15 May 1915, 5 Divisions had gone beyond it. Of the remaining Divisions all but one showed increases ranging from slight to appreciable. Some Scottish Districts had already given much, while others had reserves to draw upon.

CHAPTER III

1915. § 2

1915 Recruiting Scheme: Inauguration—*Fourth Memorandum—Terms of Service—Organization.*—1915 Scheme: Numerical Considerations.—1915 Scheme: Operation.—Sundry Procedure: *Special Committee—Local Murmuring—Fifth Memorandum—Terms of Service—Advice to Practitioners.*—Practices of Serving Officers: *Help by Committee—Disputes Sub-Committee—Arrangements—Notice Card—Lay Press—Meeting.*—1915 Scheme: Output.

1915 Scheme: Inauguration

On 28 June 1915, with the facts before it, the Committee issued its *Fourth Memorandum*,[1] in which it represented the great opportunity which had come to the profession for rendering service to the Empire, recalled the Director General's impressive appeal to all who were physically fit and willing to serve, and stated the Terms of Service[2] with the Army. The Committee then proceeded to explain its plan for the Organization[3] of the profession, and set forth the Scheme[4] which it proposed to carry out for the supply of medical officers. Mindful at the same time of its former state, it recommended practitioners going on service to make clear and business-like arrangements for the conduct of their civil work in their absence, and said that it was prepared, if requested, to advise them on questions

[1] Appendix IV. [2] P. 34. [3] P. 34. [4] P. 37

arising. It made the suggestions of its Second Memorandum on the remuneration of deputies somewhat more explicit, and it dealt again with various points in finance, including transfers under National Insurance. It concluded with an appeal for vicarious service by those too old for the Army, requesting them to come forward as locum tenentes for young practitioners wishful to join.

The *Terms of Service* authorized by the War Office to be intimated to the profession by the Committee related to two classes:—

1. Practitioners under 40 whose services were due to be accepted for a period of 12 months and who would be liable for service at home or abroad: and

2. Practitioners over 40, who might offer themselves for a period of 6 or 12 months, and who, if they desired it and had been found serviceable, might be re-engaged at the end of 6 months. It was not proposed to send those over 40 to France, but to employ them either in this country or in such stations as Egypt, Malta, and Gibraltar.

Practitioners engaging on a 12 months' contract were to receive temporary commissions in the Royal Army Medical Corps with an allowance of £30 for outfit and pay at the rate of 24s. a day with 1s. 9d. for ration allowance and a gratuity of £60 at the termination of the engagement, subject to satisfactory service. Practitioners engaging for 6 months were to have the same terms as for the longer period except that the gratuity was to be £15 instead of £60.

These terms were for whole-time service as temporary officers of the regular Royal Army Medical Corps. The question of part-time military service was not dealt with at this juncture by the Committee, but was left for adjustment in the different areas by those familiar with their conditions.

The Committee, with a view to *Organization*, requested that each of its local units should be placed under the charge of a *War Committee* of medical men,

to administer the Division for war purposes, and to act as a link between the Emergency Committee and the practitioners in each area. It was suggested that a War Committee should consist of from three to five members, and that it should be appointed at a meeting of the profession of the area called by the Executive of the Division. These recommendations were carried out.

1915 Scheme: Numerical Considerations

The Second Conference had resolved upon 400 medical officers as the number to be furnished by Scotland. The Committee had reason to believe that to this sum the graduates and licentiates of July 1915 would contribute about 100. There was left a balance of 300 men to be provided by the rest of the profession. As it was not possible to foresee with precision the results of so considerable a withdrawal, the Committee preferred, under its 1915 Scheme, to call up 280 practitioners only. Thus the total call became 380, of whom 280 were to be practitioners.

In distributing the practitioner call among Divisions the Committee attached importance to the population per General Practitioner in column 8 of Table IV.,[1] regarding this figure as an index of the further depletion, if any, which an area might be able to suffer. The Committee, however, was alive to the risks of a purely numerical assessment. It did not adopt the Procrustean plan of fitting all Divisions to one standard. Rather it endeavoured by interview and inquiry to ascertain their special circumstances and temper the claims accordingly. It pressed lightly, if at all, on sparsely peopled areas in which adjustments with neighbouring practices would be difficult or

[1] P. 31.

impossible: it made heavier demands on populous centres which had facilities for organization. Where most of the medical personnel was of the General Practitioner class it was careful of approaching the limit of safety: where the proportion of Other Practitioners was considerable, it looked to them as a contributory source of supply and asked for a larger contingent.

The General Practitioner strength of areas, as recorded in column 6 of Table IV., was the base level by which the Committee fixed the call of 280 practitioners, but between 15 May 1915, the date of Table IV., and 1 July 1915, when the Committee launched its Scheme, 42 practitioners had come forward spontaneously and applied for commissions in the Army. Of these, the Argyll, Islands and Renfrew and Bute Divisions provided one each; Ayr, Dumfries and Galloway, Dundee, Lanark and Perth, two each; Stirling, three; Fife, four; and Edinburgh and Leith and Glasgow, eleven each. The 42 practitioners were counted in as part of the total 280, and the Actual Call, as intimated to Divisions, was adjusted at 238.

In another respect also the Committee modified the findings of the Second Conference. The Conference had named 7 July 1915 as the appointed day by which the Scottish contingent should be in readiness, but in view of the arrangements requiring to be made in order to free so many doctors without dislocation of civil practice the Committee came to the conclusion that this date could not be adhered to.

On the same grounds, assuming a later date, the Committee was averse to the project of calling up the whole draft at one and the same time. It therefore decided, with the concurrence of the War Office, to conduct its 1915 Scheme by the method of three successive calls, which were made in the following manner.

1915 Scheme: Operation

As at 1 July 1915 the Committee issued to War Committees a *Preliminary Notice* informing them of the Actual Call, that is to say, the further number of men whom it proposed to claim from their Divisions, and requesting them to make such preliminary arrangements as would expedite procedure when the successive calls were presented.

On 20 July 1915 the Committee issued to War Committees its *First Call*, informing them of the number required to make up the August contingents, calculated at 50 per cent. of the total demand. The Committees thereupon chose their tale of men, notified them to hold themselves in readiness for service, and forwarded their names to the Emergency Committee. The Emergency Committee sent out to each practitioner the War Office form of application for a commission. The forms were filled in by practitioners, returned to the Committee, and transmitted to the War Office. The applications of candidates known to the Committee were vouched for by it, and accepted by the War Office without further inquiry into credentials. Medical examinations were arranged to be conducted through the Deputy Director of Medical Services, Scottish Command.

On 30 August 1915 the Committee issued to War Committees its *Second Call*, asking for 25 per cent. of the claim on Divisions, to form the September drafts.

On 22 September 1915, by means of the *Third Call*, the October contingents were summoned, furnishing the final 25 per cent., and completing the total demand.

Sundry Procedure

Before summarizing the output[1] of the 1915 Scheme reference will be made to certain events and questions which fell within its period.

In July 1915, at the annual representative meeting of the British Medical Association in London, the *Special Committee*,[2] which had been composed of Association members and had done good service, was replaced by a *War Emergency Committee*, appointed on a broader basis. It was stated in reply to a question by a member[3] of the Emergency Committee, who was present at the meeting, that the new Committee would be empowered to organize the profession in England, Wales, and Ireland. The War Emergency Committee at its second meeting, on 4 August 1915, co-opted to membership a member[4] of the Scottish Medical Service Emergency Committee, who played an important part thereafter in co-ordinating the work of the two Committees. On 20 October 1915 the War Emergency Committee changed its title to the *Central Medical War Committee*.

Before the 1915 Scheme had completed a month of life a *Local Murmuring* rose in Scotland. Statements were made, and attained some vogue, that the needs of the Army Medical Department were exaggerated, that the War Office had already as many medical men as were required, and that offers of service had been rejected. It was clear that with such rumours flying the mind of the profession would be divided, and that War Committees in appealing to their practitioners might be met with reluctance or apathy. The Convener, at the request of the Scottish Medical Service Emergency Committee, wrote to the Director General, Army Medical Services, detailing the statements circulated, and asking for an official rejoinder which could be used to controvert them. The rejoinder came by

[1] P. 44.
[2] P. 21.
[3] Dr. John Gordon.
[4] Prof. H. H. Littlejohn.

return of post, on 8 August 1915, and on the same day was issued to the Scottish profession, in the following summary form, as the substance of the Committee's *Fifth Memorandum*.

To outfit the new armies and to supply reinforcements for 6 months, it is estimated that at least 2500 more medical men of military age (*i.e.* under 40) will be required.

During the last 6 months temporary commissions have been granted in every case where the applicant was prepared to fulfil all the conditions of the contract for service. In some cases where the offer of service was accompanied by restrictive conditions, it was not possible to accept it.

No Official in the Medical Branch of the War Office has ever told anyone that more medical men are not required. Indeed, it has been found necessary to make special provision to bring medical men from Canada, Australia, and New Zealand.

It is specially incumbent on every young doctor who is physically fit to offer himself for military service. All will be needed, and practically all will have an opportunity of serving with the troops overseas.

The duty of the older men is to set free the younger men by arranging to carry on their practices for them in their absence, or by engaging for home service.

Any medical man preventing or dissuading his colleagues from assisting the Medical Service of the Army during the War is doing a serious disservice to the Empire.

The Committee added:—

These, then, are the facts. The Committee places them before the Members of the Profession in Scotland, confident that, now all doubts as to the needs are cleared away, the response from every part of the country will be such as Scotland expects.

With regard to the offers accompanied by restrictive conditions to which reference is made in the summary, it is proper to say that in one typical case which passed through the hands of the Committee the conditions, while hampering to the War Office, were in no sense shifty or overcautious. The practitioner on

the contrary required a guarantee that he would be sent overseas. His offer was declined. Thereupon he applied unconditionally, was accepted, and before many days went on foreign service according to his desire.

On 3 September 1915 the *Terms of Service* were altered. It was intimated by the War Office to the Committee that as from that date a new policy would begin with regard to the engagement of medical men as temporarily commissioned officers in the Royal Army Medical Corps:

1. No man under 45 years of age would be employed unless he undertook general service obligations for a year and was found to be physically fit for duty at home and abroad.
2. No man over 55 years of age would be accepted for home service.
3. No man under 45 years of age would be re-engaged after the expiration of his first contract unless he offered for general service.

The War Office announcement followed closely on the issue of the Committee's Second Call, based on the terms of the Fourth Memorandum, on the faith of which a number of practitioners had already offered themselves. The Committee asked the War Office that those so placed might be permitted to come in on the terms current at the time of their offer, and it was accordingly agreed that Second Call candidates should have the choice between the old terms and the new. The Third Call was on the new terms.

The Committee had offered to give *Advice* to practitioners who desired it on their duty towards military service. Of those who approached the Committee, seven appeared to be irreplaceable and were recommended to remain in civil work. To practitioners who consulted the Committee with regard to physical defects or disabilities which they thought might bar them from commissions or impair their usefulness if

appointed, the view was expressed that they should offer themselves to the Army, leaving the question of their fitness to be decided by the medical officer by whom they would in due course be examined.

Practices of Serving Officers

Other practitioners sought the *Help of the Committee* in arranging for the conduct of their practices during their absence. The negotiations for replacing two practitioners in a Stirlingshire Burgh by one locum tenens were entrusted to a member[1] of the Committee, who interviewed parties, visited the town and secured an equitable agreement. Another adjustment in which the Committee took interest was that arrived at between the three practitioners in three townships of the north-west of Fife, in accordance with which each practitioner went to the Army in turn, the two at home carrying on the triple practice during the absence of their colleague.

Certain practitioners, who owing to the haste of their departure had been unable to follow the Committee's counsel and make businesslike arrangements for their home affairs, consulted the Committee on matters at issue between themselves and their neighbours. For dealing with disputes and disagreements under this head the Committee appointed a *Disputes Sub-committee*, consisting of the President[2] of the Royal College of Surgeons, Edinburgh, the Dean[3] of the Faculty of Medicine, Edinburgh University, and the Convener,[4] who were to have, when required, the services of the Clerk[5] to the Royal College of Physicians, Edinburgh, as legal assessor.

[1] Dr. John Playfair.
[2] Mr. J. W. B. Hodsdon.
[3] Prof. H. H. Littlejohn.
[4] Dr. Norman Walker.
[5] Mr. A. Gray Muir.

In issuing its calls to War Committees the Committee, alike in the interests of the public and of officers proceeding on service, had asked War Committees to assure themselves that suitable *Arrangements* had been made for the conduct of the practices of all applicants for commissions. War Committees had duly complied: but the Committee had abundant evidence that in many areas the arrangements made were not understood by the people. In the case of insured patients, who were anchored for annual periods by the Insurance contract, no immediate question arose: but the private patients of absentees, adrift between doctor and doctor, were omitting to intimate whence they came, and were in consequence being accepted as permanent patients by practitioners who were unaware that their proper medical attendant had gone to join the Army.

The Committee therefore printed a *Notice Card*[1] for the better guidance of patients, and issued supplies to Secretaries of War Committees for distribution to practitioners in their Divisions, with a request that the card might be displayed in a prominent position in waiting-rooms and consulting-rooms.

The Committee considered the further question of utilizing the *Lay Press* for the intimation of arrangements made for carrying on vacated practices. While the profession itself, and the Council responsible for administering the Acts which regulate it, are firmly opposed in normal times to any advertisement by practitioners, it appeared to the Committee that in the emergency it would be legitimate to bring necessary information to the notice of the public by inserting announcements in local newspapers. The President[2] of the General Medical Council, whose opinion the

[1] Appendix V.

[2] Sir Donald MacAlister.

Committee ascertained, expressed the view that under the special circumstances the step proposed would be permissible, provided that the advertisements were in the name of the Committee, not of the individual practitioners concerned. The Committee circularized War Committees, indicating the importance of acquainting patients that they could still remain in the practice of their own medical man notwithstanding his temporary absence, and drawing the attention of War Committees to the exceptional procedure which the urgency of the time seemed to warrant. The Committee stated to War Committees that it would be prepared to assume responsibility for announcements made in the press or drawn up for issue to patients, subject to two conditions, *first*, that before publication or issue a copy was submitted to the Committee for criticism, and, if thought necessary, for alteration and correction, and, *second*, that the announcement contained these words or their equivalent—*Approved by the Scottish Medical Service Emergency Committee.*

On 10 September 1915 the Convener[1] of the Emergency Committee attended by invitation a *Meeting* of the Scottish Committee of the British Medical Association at Perth. Addressing the meeting, he referred to the circumstance that, owing to the greater complexity of the problem, practitioners in large towns who desired to serve had found it more difficult to arrange for the conduct of their practices, when vacated, than doctors in some country places. He recommended the use of the Notice Card and discussed the methods of intimating arrangements which the Committee could view with favour. He spoke of the attitude of the War Office with regard to practitioners whom the Committee put forward as possessing special

[1] Dr. Norman Walker.

qualifications. All were required in the first instance to take commissions as Lieutenants in the Royal Army Medical Corps, but their special qualifications were noted so as to be turned to account when the opportunity came. He acknowledged the valuable work which was being done by the War Committees of areas.

1915 Scheme: Output

The third and final draft of medical men, completing the Committee's 1915 Scheme,[1] was due to be forward by the end of October. Eight days later the account was cast with the result recorded in Table V.

Column 2 of Table V., *Total Practitioners*, is the same as column 5 of Table II., and is equal to the sum of columns 2 and 3 of Table IV. Column 4, the *Total Call*, takes in the 42 spontaneous applications already noted. Column 5, the *Response*, includes 117 Graduates and Licentiates, of whom 20 were derived from the University of Aberdeen, 6 from University College, Dundee, 63 from Edinburgh University and the Conjoint Board in Scotland, and 28 from the University of Glasgow.

In Column 6 the *plus* sign shows where the response outstripped the call: the *minus* sign where it fell short. These figures are not commented upon excepting to say that they should be read in conjunction with column 8 of Table IV.,[2] which states the population per general practitioner in Divisions at the time when the call was assessed.

The total output was 347 in lieu of 380 asked for. The supply was close up to the demand. The response of the profession in Scotland under the 1915 Scheme was a material contribution to the Army.

[1] P. 37. [2] P. 31.

TABLE V

Result of 1915 Scheme 15 May 1915 to 8 November 1915

Scottish Civilian Practitioners

1	2	3	4	5	6
	Total.	On, or for Service at 15 May 1915	Total Call.	Response at 8 November 1915.	Col. 5 minus Col. 4.
Aberdeen	286	98	4	3	−1
Argyll	75	6	3	6	+3
Ayr	170	14	16	9	−7
Banff, Elgin and Nairn	102	30	6	7	+1
Caithness and Sutherland	36	7	...	...	...
Dumbarton	78	13	11	5	−6
Dumfries and Galloway	134	22	8	10	+2
Dundee	178	21	8	7	−1
Edinburgh and Leith	705	85	36	40	+4
Fife	161	25	14	15	+1
Glasgow	856	140	101	62	−39
Inverness	51	10	...	...	...
Islands	38	4	1	3	+2
Lanark	251	74	22	19	−3
Lothians	153	14	10	9	−1
Orkney	24	1	...	...	...
Perth	76	18	4	3	−1
Renfrew and Bute	190	32	16	12	−4
Ross and Cromarty	34	4	...	1	+1
South Eastern	82	13	5	2	−3
Stirling	127	10	15	15	...
Zetland	15	...	...	2	+2
Practitioners	3822	641	280	230	−50
Graduates and Licentiates	...	...	100	117	+17
Total	...	...	380	347	−33

CHAPTER IV

1915. § 3

Survey of Army Recruiting: *Normal System—Recruiting Propaganda — National Registration Act* 1915.— Lord Derby's Scheme: *Royal Proclamation.*—Canvassing of Practitioners: *Conference.*—Emergency Committee and Lord Derby's Scheme: *Tribunal for Medical Purposes.*—War Register: *Sixth Memorandum.* — Medical Strength: 31 December 1915.—Medical Distribution: 31 December 1915.—Close of 1915.

Survey of Army Recruiting

WHILE the Committee's 1915 Scheme was running its course, which covered the periods of the Battles of Suvla and the Battle of Loos, and the execution of Miss Edith Cavell at Brussels under the German Military Code, a new recruiting organization came into existence in Britain, comprehending within its range all men of military age, including medical practitioners. The attitude of the country towards the duty of service with the Fighting Forces had, under the shocks of war, been gradually but surely changing. Medical and lay recruiting, which had hitherto proceeded along parallel but separate lines, now began to touch and cross, and the medical demesne—for which, however, be it said, protection had been neither desired nor claimed—became liable to the inroads of the lay recruiting agent.

Though new issues were thus presented which in the

end affected profoundly both the Emergency Committee and the profession, the situation, as it arose, was simply a result of developments in the methods of Regular Army recruiting, which will be briefly described.

The *Normal System* of recruiting for the Regular Army before the war was one of voluntary enlistment. The Country was divided into recruiting districts controlled by Army Recruiting Officers attached to the various Commands. The military age, which varied slightly according to the arm of the service, ranged between 18 and 35. Men were usually posted in the first instance to their Depots.

With this system the medical man, as such, was not concerned. If he desired to enter the Regular Army in his medical capacity he applied in the prescribed manner for a commission.

On the outbreak of war there was a surge of recruits. The Parliamentary Recruiting Committee and the Joint Labour Recruiting Committee, through their local agencies, came to the assistance of the military authorities by providing and equipping additional recruiting offices. Later on, as the demand for men continued, they helped further in conducting a *Recruiting Propaganda*. Recruits were enlisted voluntarily for the duration of the war and were passed direct to the colours. As certain civil occupations were believed to be important in the national interest, instructions were, from time to time, issued to Army Recruiting Officers that men engaged in certain occupations should not be enlisted. Of such men some were badged.

To this lay propaganda system there was a medical counterpart. Medical men had the opportunity of taking commissions for limited periods in the Royal Army Medical Corps. The first[1] offer made by the War Office to practitioners was open to those up to 35 years of age or in exceptional cases up to 40, for a period up to 12 months or till services were no longer required, whichever should first happen. The second[2] offer admitted practitioners under 40 for 12 months, and over 40 for 6 or 12 months. The third[3] offer excluded those under 45 from home service only, and those over 55 from home service. These invitations were urged upon the notice of practitioners by the British Medical Association

[1] P. 5. [2] P. 34. [3] P. 40.

and its Scottish Committee, and by the Emergency Committee, whose 1915 Scheme may be regarded as the climax of the medical propaganda system in Scotland at this time.

The lay propaganda system, for a while, furnished as many recruits as the War Office could handle. As the situation unfolded, however, it was made known that more men still would be required. Side by side with this call for soldiers a movement began for mobilizing the whole nation on a war footing. To this end the *National Registration Act* 1915 was passed on 15 July, coming into operation on that day.

This was an Act for the compilation of a Register of the population of the Country, both male and female, between the ages of 15 and 65, excepting members of His Majesty's Forces and certain other persons. The Register was so designed as to record, among other points, ages and particulars of work. The Central Registration Authority in Scotland was the Registrar General for Scotland acting under the directions of the Secretary for Scotland. The Local Registration Authorities were County and Burgh Councils.

The *Register* was compiled as at 15 August 1915. Men of military age were especially noted, and the names of a number who were engaged in certain occupations were starred. Medical men were included under the terms of the Act.

Lord Derby's Scheme.

The information in the hands of Local Registration Authorities was the foundation of the new recruiting organization, pointed to above, which came to be known as Lord Derby's Scheme. The Director General of Recruiting[1] assumed office at the request of the Secretary for War[2] on 11 October 1915. He secured the assistance of the Central Recruiting Committee, consisting of the Parliamentary Recruiting Committee and the Joint Labour Recruiting Committee. It was decided that Local Recruiting Committees should conduct a canvass of men of the military age, which was now 18 to 40.

[1] The Earl of Derby.

[2] The Earl Kitchener.

At this important juncture His Majesty issued a *Proclamation* containing these words:

> In ancient days the darkest moment has ever produced in men of our race the sternest resolve.
>
> I ask you, men of all classes, to come forward voluntarily and take your share in the fight.
>
> In freely responding to my appeal, you will be giving your support to our brothers, who, for long months, have nobly upheld Britain's past traditions, and the glory of her Arms.

His Majesty ordered that men enlisted under the Scheme might, with their consent, be transferred to the Reserve, and Recruiting Officers were instructed accordingly. Men so transferred were classified in 46 age groups, 23 of which were for single men and 23 for married men. The groups were to be called to the colours in numerical succession, from the first, which consisted of single men aged 18, to the forty-sixth, which consisted of married men aged 40, except that the first group was not to be called until the age of 19.

It was determined, as a feature of the Scheme, that all men enlisted under groups, together with men who had applied for service and had been rejected on medical grounds, should receive a distinctive armlet to be issued by Recruiting Officers.

Besides Local Recruiting Committees, whose areas were Parliamentary, there came into existence by appointment of the Local Registration Authorities—who were County and Burgh Councils—Local Tribunals whose function it was to consider claims for exemption, postponement, or starring. War Office Representatives were appointed for the purpose of addressing Local Tribunals on the military aspects of cases coming before them. They were assisted by Advisory Committees. There was in addition a Central Tribunal for dealing with disputed cases.

Lord Derby's Scheme differed from the propaganda system in several important particulars. Its canvass was based on the National Register. It permitted recruits who so desired to be relegated to the Reserve. It empowered an investigation of doubtful cases.

Canvassing of Practitioners

In the course of October 1915 it came to the notice of the Emergency Committee that Scottish practitioners who had accepted the direction of the Committee on their duty towards the Army had been canvassed by Local Recruiting Committees under Lord Derby's Scheme. It was vexatious to medical men who had already expressed their wish to serve that they should now be set upon from a new quarter; and the Committee, surveying the position broadly, came to the conclusion that medical recruiting, which had, so far, with the cheerful co-operation of the profession, prospered at its hands, would be likely to suffer if transferred to the management of lay authorities unfamiliar with the conditions of medical practice and the medical requirements of areas. It communicated these views to the Director General, Army Medical Services, and desired an early settlement.

On 5 November 1915, by request of the Director General, Army Medical Services, a *Conference* took place in London. The Convener[1] of the Emergency Committee and a member[2] of the Central Medical War Committee met at the War Office with the Director General,[3] Army Medical Services, and the Director General[4] of Recruiting. The representatives of the Central Medical War Committee and of the Emergency

[1] Dr. Norman Walker.
[2] Dr. James Galloway.
[3] Sir Alfred Keogh.
[4] The Earl of Derby.

Committee explained the work which the two Committees had been carrying on. The Director General of Recruiting intimated his approval, and expressed a wish that the work should continue. He indicated that any canvassing of medical men by his agents had been by inadvertence. He requested that the two Committees would undertake the whole of the arrangements for procuring medical men for the Army, and he agreed, on the recommendation of the Director General, Army Medical Services, that they should be recognized for this object.

Emergency Committee and Lord Derby's Scheme

So the Emergency Committee became a Recruiting Authority in Lord Derby's Scheme, with a status equivalent to that of a Local Recruiting Committee, a field which extended to the whole territory of Scotland, and a duty to canvass all medical men of military age within that field.

The question of a Tribunal for the area of the Committee's proposed activities, similar to the Local Tribunals under Lord Derby's Scheme, was submitted by the Committee to the War Office, who replied by letter of 12 November 1915 that the Committee would itself be regarded as a *Tribunal for Medical Purposes.* As the Committee was closely in touch with the Headquarters of Army Medical Services it was not thought necessary to appoint a War Office representative.

The Committee at this period, looking to its increasing responsibilities, co-opted to membership the Professor of Pathology[1] of the University of Glasgow and the Regius Professor[2] of the Prac-

[1] Prof. Robert Muir.

[2] Prof. T. K. Monro.

tice of Medicine of the University of Glasgow. The Principal[1] of the University of Glasgow, whom it invited to membership, was unable, in view of his position as President of the General Medical Council, to accept.

War Register

The Committee proceeded to the compilation of a Medical War Register of Scotland, keeping in mind that the military age for practitioners was up to 55, not up to 40 as for the lay population, and, further, that over 55 there were national services, other than service in the armed forces, which medical men could render. It was decided that the preliminary inquiries made for the purpose of the Register should be such as to elicit not only the service already given by each practitioner, but also the service or services which each practitioner who had not yet served would be prepared to render, if called upon. Thus one process was to cover both registration and canvass; and the Register, besides being a Register of names, was to be a Record of duty promised. It was determined to calculate from the Register the number of Scottish practitioners on military service as at 31 December 1915.

The Medical War Register differed from the return obtained of the medical strength of areas at 15 May 1915 in that it was to be founded on direct application to the individuals concerned. It was to form the basis of the Committee's 1916 Recruiting Scheme.[2]

With these objects in view the Committee on 18 December 1915, despatched to the addresses of civilian medical practitioners in Scotland its *Sixth Memorandum*, announcing its 1916 Recruiting Scheme and enclosing the two following forms to be returned by 31 December 1915.

[1] Sir Donald MacAlister. [2] P. 59.

1. *Intimation Form* to be filled in by, or on behalf of, practitioners on service. A practitioner holding a commission but still at home was to fill in the form himself. In the case of a practitioner absent from home on service it was requested that the form should be filled in by some person on his behalf.

2. *Registration Form*[1] to be filled in by practitioners not holding commissions. In this form practitioners were asked to state their age and other particulars, and to offer for the service or services appropriate to their age, according to three groupings, namely—

Group.	Age.	Service.
A	Under 45	Lieutenant R.A.M.C., General Service.
B	45 to 55	Lieutenant R.A.M.C., Home Service. Part-time home military work. Locum tenens. Part-time home civil work.
C	56 and upwards	Part-time home military work. Locum tenens. Part-time home civil work.

Offers made on the Registration Form were subject to the condition that, in the event of the service requiring the practitioner to leave his work, he would be enabled to make arrangements for having it carried on in his absence.

The Committee learned to its regret that, despite precautions taken to scrutinize the casualty lists and employ all available sources of information, the Sixth Memorandum had reached the home addresses of several Officers who had lost their lives.

The Forms were duly returned in a large proportion of cases. The services already rendered, as stated in the Intimation Forms, and the services offered, as stated in the Registration Forms, were entered in the

[1] Appendix VI.

Committee's War Register. The services offered belong to the Committee's 1916 Recruiting Scheme and will be considered under that title. The count of the services which had been rendered by 31 December 1915 was as presented in Tables VI. and VII.

Medical Strength: 31 December 1915

Table VI. is a classification of Scottish practitioners, including officers à la suite, on military service at 31 December 1915. By comparison of Table VI. with Table III.,[1] which is dated 15 May 1915, it emerges that the total number of medical men on service had risen from 641 to 1290, that is to say, double the earlier figure. The increase, while distinct in every class, is most remarkable in the case of consultants and unestablished practitioners.

For Consultants the increment must be ascribed, in part at least, to the inclusion in Table VI. of à la suite Officers who had not been included in Table III.

In the case of Unestablished Practitioners the apparent increase is from 204 at 15 May 1915 to 471 at 31 December 1915. The view is taken that the earlier count was below the facts. It was based on returns accepted as approximate from Secretaries of Divisions. The later return, being derived from information communicated direct to the Committee by Unestablished Practitioners or their representatives, may be regarded as nearer to correctness.

Medical Distribution: 31 December 1915

Table VII., which is a pendant to Table IV.,[2] conveys the distribution among Divisions of the practitioners

[1] P. 30. [2] P. 31.

on service. The upward movement of population per general practitioner remaining, noted in connection with column 8 of Table IV., is continued in column 8 of Table VII. For Scotland generally the figure has ascended from 2576 to 2892. The number of Divisions above 3000 has advanced from 5 to 8. Of the 22 Divisions all but 3 reveal an increase of the ratio.

TABLE VI

CLASSIFICATION OF SCOTTISH CIVILIAN PRACTITIONERS ON MILITARY SERVICE AT 31 DECEMBER 1915

1	2	3	4
	Total by Table I.	On Service.	Remaining.
Private Practitioners . . .	376	132	244
Insurance Practitioners . . .	1796	394	1402
Consultants	248	107	141
Whole-time officials . . .	514	146	368
Dental and retired Practitioners .	269	40	229
Unestablished Practitioners . .	619	471	148
TOTAL	3822	1290	2532

On a review of Tables VI. and VII. together, as depicting the position at the end of 1915, it is observed that one-third of the medical personnel of Scotland was at this time on service with His Majesty's Forces. The Aberdeen Division had contributed one half of its strength. In certain towns within Divisions the population per general practitioner was notably above the Divisional average.

TABLE VII

DISTRIBUTION OF SCOTTISH CIVILIAN PRACTITIONERS ON MILITARY SERVICE AT 31 DECEMBER 1915

1	2	3	4	5	6	7	8
DIVISION.	MEDICAL PERSONNEL.						Population per G.P. Remaining (Col. 6).
	Total by Table II.		On Service.		Remaining.		
	G.P.	Others.	G.P.	Others.	G.P.	Others.	
Aberdeen	161	125	54	87	107	38	3301
Argyll	52	23	10	6	42	17	1688
Ayr	132	38	17	27	115	11	2333
Banff, Elgin and Nairn	66	36	15	28	51	8	2238
Caithness and Sutherland	26	10	7	6	19	4	2747
Dumbarton	53	25	10	12	43	13	3168
Dumfries and Galloway	82	52	20	21	62	31	2310
Dundee	101	77	21	28	80	49	3518
Edinburgh and Leith	232	473	63	213	169	260	2372
Fife	99	62	28	18	71	44	3771
Glasgow	461	395	127	174	334	221	3019
Inverness	31	20	9	3	22	17	2413
Islands	27	11	2	1	25	10	2893
Lanark	162	89	40	60	122	29	3915
Lothians	96	57	20	20	76	37	3030
Orkney	20	4	3	...	17	4	1523
Perth	52	24	13	11	39	13	3188
Renfrew and Bute	138	52	30	24	108	28	2752
Ross and Cromarty	17	17	3	5	14	12	2801
South Eastern	58	24	10	10	48	14	2431
Stirling	92	35	20	9	72	26	2773
Zetland	14	1	4	1	10	...	2791
TOTAL	2172	1650	526	764	1646	886	2892
GRAND TOTAL	3822		1290		2532		

Close of 1915

The record of 1915 may conclude with two personal episodes of the year which illustrate the manner in which the endeavours of the Committee were (1) cheerfully aided, and (2) as cheerfully outpaced, by the zeal of the profession.

1. A practitioner, after a busy career in a Scottish industrial valley, had retired at the age of seventy-two to the quiet of his native village in a south-western mainland county. In this pastoral setting he was encountered by a member[1] of the Emergency Committee in the course of an official interview which had no connection with warfare. The practitioner, however, introduced the subject of the demand for doctors and asked what he could do to help. It was suggested to him that, if he felt physically fit, he might free some young officer for the army by taking a vacant civil appointment. He hastened to Edinburgh, offered himself, was accepted by the Convener[2] and so

> Forth out to Jura—Jura pictured high,
> With lofty peaks against the western sky,
> Jura that far o'erlooks the Atlantic seas,
> The loftiest of the Southern Hebrides.

On this rugged island, 28 miles in length, he carried on single-handed practice for close on four years.

2. A practitioner, who had determined to make sure of his commission without risking the veto of the Committee, proceeded from the West of Scotland direct to Whitehall and offered his services to the Army. *Splendide mendax*, he described himself as a Works Doctor, thus veiling the circumstance that he was engaged in strenuous general practice in an important

[1] Dr. John C. M'Vail. [2] Dr. Norman Walker.

Burgh. His age was thirty and his merit obvious. He received his commission and was instructed to prepare for duty forthwith. The Emergency Committee however, which was not unwatchful, addressed an enquiry to the War Office and, as a result—though not by the Committee's request—the Officer's appointment was suspended for further consideration. A member of the Committee visited the town and examined into the facts. On the one hand, the Officer had procured his outfit, wound up his affairs and been the subject of valedictory encomia in the Press. On the other hand the Burgh had already provided four medical officers, and the ratio of population per general practitioner, which was normally 3500, had risen to over 5000. But the local profession gave a cordial undertaking so to arrange their work in the district that the standards of medical attendance should be maintained, and the Committee decided under these circumstances that it would state no objection to the Officer's employment.

CHAPTER V

1916. § 1

1916 Scheme : Inauguration—*Central Control—Local Consultation* —1916 Scheme : Procedure.—Letter of Excuse : *Tribunal for Medical Purposes.*—1916 Scheme : Offers of Service.—1916 Scheme : General Call.—Medical Strength : 7 June 1916.—Medical Distribution : 7 June 1916. — 1916 Scheme : Conclusion.

1916 Scheme: Inauguration

THE 1916 Recruiting Scheme, announced in the Committee's Sixth Memorandum,[1] came into effect as at 1 January 1916 and continued in being for close upon six months. It began as a medical branch of Lord Derby's Scheme, by canvassing practitioners for a voluntary undertaking to serve in the Army if called on, and proceeded thereafter to speed the commissioning of those by whom the promise had been given: but the passing of the two Military Service Acts of the year modified the working of the later stages of the Scheme for practitioners of military age.

The object of the Scheme was the equipment of the Army with medical officers under Groups A and B of the Sixth Memorandum. Its principle where possible was equality of sacrifice between individuals and areas. Its administrative plan was central control combined with local consultation.

[1] P. 52.

Central control, as in the 1915 Scheme, was in the hands of the Committee itself, which remained the co-ordinating authority. The Committee was kept advised, by direct communication from the War Office, of the state and requirements of the Army. The medical War Register, supplying the facts as to the number of practitioners on service, enabled the Committee to estimate what further contingent of medical men could be freed in any town or district. The Register served the additional purpose of acquainting the Committee which practitioners were willing to serve, according to their age, either as officers in the Army or as locum tenentes for absent officers. For the assistance afforded by *Local Consultation* the Committee relied on its local War Committees, which continued in office.

The calls for applicants for commissions addressed by the Committee to areas were usually covered, or more than covered, by registered offers of service. Under these conditions a choice had to be made between rival candidates. The terms of service intimated to the Committee by the War Office on 3 September 1915 were still in force. Practitioners under 45 years of age (Group A of Registration Form) were required to undertake overseas obligations: practitioners between 45 and 55 (Group B of Registration Form) were eligible for home service. Practitioners in the younger group were more valuable to the army and were preferred by the Committee in deciding claims otherwise of equal merit.

1916 Scheme: Procedure

A prospective applicant under the Scheme received from the Secretary of his local War Committee the appropriate Army application form ; and the Secretary,

on the return øf the form, transmitted it, if duly filled in, to the Emergency Committee along with a covering letter, Form K.[1] Owing to the condition [2] attached to offers of service made on registration forms, that practitioners would be enabled to make arrangements for having their work carried on in their absence, Form K was so devised as tø contain a statement by the Secretary of the local War Committee of the arrangements proposed to be made, and an expression of opinion on behalf of his Committee that these arrangements were satisfactory. The medical examination of candidates was conducted by the nearest Recruiting Board. Other relevant procedure was like that pursued under the 1915 Scheme.

Services proffered by practitioners, other than whole-time service with the Army, such as part-time military service at home or whole-time or part-time civil work at the practitioner's home or elsewhere, were intimated to the Committee by the Secretary of the local War Committee on Form M, which, in the event of the proffered service entailing absence from home, required a statement of the substitutionary arrangements and an expression of opinion on their completeness.

Letter of Excuse

A practitioner who had entered his name on a Registration Form as willing to serve if arrangements could be made to free him might nevertheless have genuine doubt whether such arrangements were practicable, whether, if made, they were likely to be adequate, and whether therefore it was in the public interest that he should be withdrawn from his post or district. A practitioner so bestead, who was desirous of having

[1] Appendix VII. [2] P. 53.

his duty settled for him, was at liberty to submit his case to the Emergency Committee as a *Tribunal for Medical Purposes*; and similar action might be taken with respect to him, either with or without his concurrence, by any body, institution or group of persons which claimed to have an interest or concern in the continuance of his civil work.

The tribunician functions of the Committee at this time were not, as later, statutory. They were exercised in terms of the War Office letter [1] to which reference has been made. The Committee appointed the President of the Royal College of Physicians, Edinburgh; the President of the Royal College of Surgeons, Edinburgh; the President of the Royal Faculty of Physicians and Surgeons, Glasgow; the Deans of the Faculties of Medicine of the Universities of St. Andrews, Aberdeen, Edinburgh and Glasgow; and the Chairman of the Scottish Committee of the British Medical Association, together with the Convener, to investigate claims submitted and report. The Committee's decision that a practitioner, for reasons advanced, should not be called on to undertake military duty was conveyed in a Letter of Excuse.[2]

According to the procedure laid down for the purpose by the Committee, a practitioner, or a person on his behalf, desiring a *Letter of Excuse* was furnished with Form Q (application for Letter of Excuse) by means of which all applications were required to be made. Applicants were reminded that questions of physical fitness or unfitness would not be considered by the Committee—which had already declared, as above [3] recorded, that such questions could only be decided by an officer of the Royal Army Medical Corps after an application for a commission. Form Q, if

[1] P. 51. [2] Appendix VIII. [3] P. 40.

duly filled in and returned, notified the Committee of the practitioner's circumstances and of the grounds of application by or for him, and might be accompanied, if desired, by documents in support. The Committee, if it thought fit, submitted the facts as alleged by the applicant, and his contentions, for the observations, in writing or otherwise, of persons considered competent to advise it. A hearing, if deemed requisite, was then given, and the Committee proceeded to a finding. A Letter of Excuse, if decided to be issued, was made valid for a stated period, not exceeding six months. If the Committee decided not to issue a Letter of Excuse it informed the applicant accordingly.

The Committee received in all 38 applications for Letters of Excuse, the first on 25 January 1916 and the last on 15 February 1916. Of the 38 applications most were by Local Authorities or Boards of Managers of Institutions, endeavouring to retain the services of a medical officer: only a minority were by general practitioners claiming on their own behalf. The figures are shown hereunder.

Applicants.	Number of Cases.
Universities	6
Town Councils	9
County Council	1
Parish Councils	4
Infirmaries	5
Asylums	2
Other institutions	2
General practitioners for assistant or locum tenens	3
General practitioners on own behalf	6
TOTAL	38

Of the 38 applications, 33 were granted, 4 were refused and 1 was withdrawn. The civil work of the practitioners concerned, and the fate of applications, are set out.

	Applications Granted.	Applications Refused.	Application Withdrawn.	Total.
University teachers . . .	6	...	...	6
Medical Officers of Fever Hospitals	7	...	...	7
Medical Officers of Health . .	2	...	...	2
Medical Officers of Parishes . .	2	...	...	2
Medical Officers of Poor Law Hospitals	2	...	...	2
Medical Officers of Infirmaries .	3	2	...	5
Medical Officers of Asylums . .	2	...	..	2
Medical Officers of other Institutions	2	...	...	2
General Practitioners . . .	7	2	1	10
Total . . .	33	4	1	38

The Letter of Excuse, during its currency, protected its holder against calls to service by the Emergency Committee itself, and enabled him to answer any uninformed local criticism of his persistence in a civil station. It was introduced to meet a transitory phase of the medical recruiting movement. Having served its purpose, it was allowed to lapse.

1916 Scheme: Offers of Service

By 15 January 1916, as announced at a meeting of the Committee at which the President[1] of the General Medical Council and the Medical Secretary[2] of the British Medical Association were present, 75 per cent. of the medical men in Scotland had returned forms under the Scheme. The offers of service, both

[1] Sir Donald MacAlister. [2] Dr Alfred Cox.

whole-time and part-time, proved the general goodwill of the profession: but many practitioners who had offered were in single-practice areas or else in districts or towns too far denuded to justify further demands at this stage of the war. Exceptional places there were whose practitioners had not hearkened to the charming of the Committee, or at least had made no responsive movement. The Committee gave these Unregistered Practitioners another opportunity, by issuing on 1 February 1916 its *Seventh Memorandum* in which it pressed them to send in their names as ready to undertake service. The Seventh Memorandum was productive.

The offers of whole-time military service under the 1916 Scheme received on the Committee's Registration Forms up to 12 February 1916 are recorded in Table VIII., column 2 of which is a condensation of column 4 of Table VI.,[1] and in Table IX., column 2 of which is a reproduction of column 8 of Table VII.[2] Offers of part-time military service and of civilian service are not included in the Tables.

TABLE VIII

OFFERS AS AT 12 FEBRUARY 1916 OF SCOTTISH CIVILIAN PRACTITIONERS TO UNDERTAKE WHOLE-TIME MILITARY SERVICE UNDER 1916 SCHEME OF EMERGENCY COMMITTEE

1	2	3
	Number Remaining at 31 December 1915.	Offers of Whole-time Military Service.
General Practitioners . .	1646	346
Other Practitioners . .	886	118
Total . .	2532	464

[1] P. 55. [2] P. 56.

TABLE IX

DISTRIBUTION OF OFFERS AS AT 12 FEBRUARY 1916 OF SCOTTISH CIVILIAN PRACTITIONERS TO UNDERTAKE WHOLE-TIME MILITARY SERVICE UNDER 1916 SCHEME OF EMERGENCY COMMITTEE

1	2	3	4	5
DIVISION.	Population per General Practitioner remaining at 31 December 1915.	OFFERS OF WHOLE-TIME MILITARY SERVICE.		
		General Practitioners.	Other Practitioners.	Total.
Aberdeen	3301	21	5	26
Argyll	1688	12	...	12
Ayr	2333	22	2	24
Banff, Elgin and Nairn	2238	11	2	13
Caithness and Sutherland	2747	5	...	5
Dumbarton	3168	11	3	14
Dumfries and Galloway	2310	17	3	20
Dundee	3518	21	8	29
Edinburgh and Leith	2372	21	40	61
Fife	3771	30	6	36
Glasgow	3019	49	21	70
Inverness	2413	2	2	4
Islands	2893	3	1	4
Lanark	3915	25	5	30
Lothians	3030	20	3	23
Orkney	1523	3	...	3
Perth	3188	16	3	19
Renfrew and Bute	2752	17	9	26
Ross and Cromarty	2801	4	...	4
South Eastern	2431	12	3	15
Stirling	2773	21	2	23
Zetland	2791	3	...	3
TOTAL	2892	346	118	464

Table VIII. exhibits that of 2352 practitioners remaining in Scotland at 31 December 1915, 464 had by 12 February 1916 made voluntary offers of whole-time military service. Table IX. reveals that of the divisions Glasgow sent in a total of 70 names and Edinburgh and Leith 61. Among General Practitioners the largest proportionate offers were those of Fife and Perth, in both of which more than one-third of the general practitioners remaining gave the promise. From other divisions also, including those whose medical strength was already much reduced, substantial numbers came forward. No division is unrepresented in the General Practitioner column.

1916 Scheme: General Call

In March 1916 the Committee warned local War Committees of a General Call of 100 Scottish practitioners. The Committee's War Register disclosed that in the Burghs of Aberdeen, Dundee, Falkirk, Greenock and Clydebank there were now over 4000 persons per general practitioner, and in Kilmarnock, Dumbarton, Dunfermline, Coatbridge, Hamilton and Motherwell, over 3500. On general practitioners in these towns, and in the divisions of Argyll, Islands, Orkney, Ross and Cromarty, and Zetland, the Committee at this time made no claim. With regard to demands on general practitioners as a class, the Committee by its Convener wrote to Secretaries of War Committees in the following terms:

> While it may not be practicable for your Committee to furnish a further quota of applicants for commissions without including a certain number of general practitioners, I am to urge that, wherever available, young graduates and other unattached medical men should be called on for service first, and that general

practitioners, whether in insured or private practice, should only be asked to serve after the foregoing class has been fully drawn upon.

The Committee had proposed that the 100 practitioners of the General Call should be drafted in May 1916; but on pressing representations from the War Office it began to claim them sooner. The pace, however, with the best intentions of all concerned, was slower than in 1915, as the finding of means to fill vacancies was becoming more difficult.

Medical Strength: 7 June 1916

The resulting position was tested by the Committee as at 7 June 1916. The figures are summarized in Tables X. and XI., of which Table X. relates to the classification of Scottish civilian practitioners on service under the two groups General and Other Practitioners.

TABLE X

CLASSIFICATION OF SCOTTISH CIVILIAN PRACTITIONERS ON MILITARY SERVICE AT 7 JUNE 1916

1	2	3	4
	Total by Table I.	On Service.	Remaining.
General Practitioners .	2172	563	1609
Other Practitioners . .	1650	878	772
TOTAL . .	3822	1441	2381

Table X., dated 7 June 1916, records 1441 practitioners on service, an addition of 151 to the figure of

TABLE XI

Distribution of Scottish Civilian Practitioners on Military Service at 7 June 1916

1	2	3	4	5	6	7	8
Division.	Medical Personnel.						Population per G.P. Remaining (Col. 6).
	Total by Table II.		On Service.		Remaining.		
	G.P.	Others.	G.P.	Others.	G.P.	Others.	
Aberdeen	161	125	57	94	104	31	3396
Argyll	52	23	10	6	42	17	1688
Ayr	132	38	17	30	115	8	2333
Banff, Elgin and Nairn	66	36	15	30	51	6	2238
Caithness and Sutherland	26	10	8	6	18	4	2899
Dumbarton	53	25	10	13	43	12	3168
Dumfries and Galloway	82	52	21	24	61	28	2347
Dundee	101	77	24	43	77	34	3655
Edinburgh and Leith	232	473	60	229	172	244	2330
Fife	99	62	28	26	71	36	3771
Glasgow	461	395	144	203	317	192	3181
Inverness	31	20	10	9	21	11	2528
Islands	27	11	2	1	25	10	2893
Lanark	162	89	42	65	120	24	3980
Lothians	96	57	21	20	75	37	3070
Orkney	20	4	3	...	17	4	1523
Perth	52	24	14	15	38	9	3272
Renfrew and Bute	138	52	33	35	105	17	2831
Ross and Cromarty	17	17	3	7	14	10	2801
South Eastern	58	24	14	12	44	12	2652
Stirling	92	35	22	9	70	26	2852
Zetland	14	1	5	1	9	...	3101
Total	2172	1650	563	878	1609	772	2959
Grand Total	3822		1441		2381		

Table VI.[1], dated 31 December 1915. Of the total 1441, 563 were General Practitioners and 878 in the remaining classes.

Medical Distribution: 7 June 1916

Table XI. relates to the distribution of practitioners among Divisions. Collated with Table VII.[2] it shows that the increase during the period was mainly drawn from the Other Practitioner group. The population per general practitioner of Table XI. continues on the whole the ascent of Table VII., but at a diminished rate. By the departure of one more general practitioner from Zetland the number of divisions with over 3000 persons per general practitioner was raised to nine.

1916 Scheme: Conclusion

To the sum of practitioners on service by Tables X. and XI., there fell to be added 100 Scottish graduates and licentiates who had passed to the Naval or Military Forces of the Crown direct from their medical schools, and whose names therefore had not at this time been recorded in the Committee's Register. There were besides in the Committee's hands, at the date of the Tables, 95 applications for commissions by practitioners, 19 of which were by general practitioners and 76 by others. These were transmitted in due course. The Committee closed its Register to practitioners of military age under the Military Service Acts [3] 1916, and intimated to the War Office the names of the Unregistered Practitioners of military age, less than 4 per cent. of the total. The 1916 Scheme, begun on 1 January, was brought to a conclusion on 23 June 1916.

[1] P. 55. [2] P. 56. [3] Pp. 75 and 80.

CHAPTER VI

1916. § 2

Concurrent Events: *White Paper.*—Compulsory Service.—War Register and Attestation: *Transitional Period—Certificate of Registration—Recruiting Authority—War Office—A.C.I. No.* 148 *of* 1916—*Attestation.*—Military Service Act 1916: *A.C.I. No.* 475 *of* 1916—*Certificate of Registration.*—A.C.I. No. 485 of 1916: *War Register—War Office*—Further Compulsory Service.—Military Service Act, 1916 (Session 2): *Medical Feature.*—Special Position of Profession.—Question of Control: *Conference.*—Medical Control Established: *Section 7.—Professional Committees Regulations.*—Central Professional Committee for Scotland.

Concurrent Events

THE 1916 scheme, in respect that its methods were more rigorous at the close than at the outset, kept pace with the system of lay recruiting, which had between January and June 1916 undergone momentous changes. Compulsory military service had been made the law of Great Britain. Medical and lay recruiting, which from the introduction of Lord Derby's Scheme had begun to interlace at their edges, became under the Military Service Acts completely fused in principle, so that the same obligation as bound the layman rested on the medical practitioner. The way by which these things came, and the measures adopted, as the situation developed, to turn the special aptitudes of the profession to the best national uses will be passed in review. The

period to be dealt with coincides with the duration of the Committee's 1916 Scheme.

On 4 January 1916—to which date the narrative must now turn back—there was issued as a *White Paper* a Report by the Director-General[1] of Recruiting on the results attained by his canvassers. The Report showed that in 1915 between 11 October and 19 December 2,950,514 men had come forward and enlisted or attested under Lord Derby's Scheme. The rejections on medical grounds were already close on half a million. Further, it was estimated that over half a million single unstarred men in Great Britain had not responded to the canvass.

Compulsory Service

These results, although numerically high, were considerably below the claims of the hour. The purely voluntary system could go no further. Steps were taken to supplement it. On 5 January 1916 a Bill was introduced in Parliament providing for compulsory military service by single men of military age. By the Royal Assent of 27 January it became the Military Service Act 1916.[2] Pending the appointed date of the Act, which was 2 March 1916, attestation under groups continued.

War Register and Attestation

During the *transitional period* up to and including 1 March 1916 the position of unmarried medical practitioners, of military age under the Act, was one of some uncertainty. Those who had sent in their names for entry in the Committee's War Register would, when

[1] The Earl of Derby. [2] P. 75.

compulsory service came, be under the general bond like eligible laymen : on the other hand, unlike eligible laymen, they had by registering with the Committee given an undertaking to accept a medical commission, if called upon. Should they attest, to anticipate their impending liability, or be content with the responsibilities which they had already assumed? The answer hinged on the degree of recognition accorded by the Recruiting Authority and the War Office respectively to the Committee's War Register.

It should be noted that the Committee issued to the practitioner of military age, as evidence of his registration, a *Certificate of Registration*,[1] showing his willingness to accept a commission in the Royal Army Medical Corps if and when called upon to do so.

The Committee's undertaking to compile a War Register, based on a canvass of the profession, had excluded medical men from the normal operation of the lay *Recruiting Authority* under Lord Derby's Scheme. The Director General of Recruiting had instructed his agents that the medical profession was to be exempt from their canvass. Any practitioner who happened to be canvassed in error was requested by the Committee's Sixth Memorandum to report the circumstance to the Committee, which at once adjusted with the Local Recruiting Authority of the area any difficulty which had arisen. All practitioners, whether registered with the Committee or not, were safeguarded, so far as the Director General of Recruiting was concerned, by the existence of the Committee's Register.

The disposition of the *War Office* towards the Register at this time is indicated by an official communication of 12 January 1916. The communication, as modified by letter to the Convener of the Emergency Committee

[1] Appendix IX.

from the Assistant Director General,[1] Army Medical Services, conveyed that every Scottish practitioner who had attested and registered with the Emergency Committee should, when called upon, produce to the recruiting officer his certificate of registration. He would then not be posted to a combatant unit but would await instructions from the Emergency Committee. The communication declared also that no qualified medical practitioner who was willing to accept, if offered, a commission in the Royal Army Medical Corps should be accepted as an ordinary combatant. Thus the Army Council, according to the official communication, recognized the efficacy of registration with the Committee when combined with attestation.

The case of the attested practitioner was further covered by *Army Council Instruction No.* 148 *of* 1916, dated 19 January 1916, which directed that no qualified medical practitioner who had been attested under the group system was to be called up for service with the Colours. If he had been called up for military service under his group, he was to be sent back to his home, and was to continue in the Reserve unless selected for a Commission in the Royal Army Medical Corps. Army Council Instruction No. 148 of 1916, made no reference to the Committee's Register.

During the earlier part of the transitional period the Committee had taken the view, which was shared by the Central Medical War Committee in England and provisionally acquiesced in by the War Office, that registration in the Committee's register was equivalent to *Attestation*, that practitioners of military age so registered were due to be dealt with as if attested, and that therefore they did not need to attest. As the appointed date of the Military Service Act 1916

[1] Lt.-Col. A. P. Blenkinsop.

approached, however, the War Office reviewed the position, and informed the Committee that it had decided that medical men of military age should attest in the usual way. Since most Scottish practitioners, under the arrangement between the Director General of Recruiting and the Committee, had not been asked to attest, while others, being asked to attest and consulting the Committee, had been advised to refrain from attesting, the Convener inserted in the *Scotsman* newspaper of 23 February 1916 a letter for the guidance of the profession, to the effect that, while there were some points still to be settled regarding the position of medical men under the Military Service Act, all medical men under the age of 41 must attest.

The closing words of the Convener's Letter were the answer to the question [1] stated above with regard to the position of single medical men of military age during the transitional period which terminated on 1 March 1916.

Military Service Act 1916

As from 2 March 1916, under the Military Service Act 1916, every British male subject ordinarily resident in Great Britain, and between the ages of 18 and 40 inclusive on 15 August 1915, who was unmarried, or a widower without a child dependent, on 2 November 1915 was, subject to scheduled exceptions, unless he had attained the age of 41 before 2 March 1916, deemed to have been duly enlisted in His Majesty's regular forces for general service with the colours or in the reserve for the period of the war, and to have been forthwith transferred to the reserve.

The men affected were under the Army Act with a stated exception, and the Reserve Forces Acts 1882 to 1907, but while in the

[1] P. 73.

Reserve were not liable to the death penalty for failure to obey a call to the Colours.

The Act had provided for Local Tribunals in Local Registration Districts, similar to the Local Tribunals under Lord Derby's Scheme, for Appeal Tribunals and for a Central Tribunal. Applications for exemption on the ground of national interest, serious hardship, ill-health, or conscientious objection to combatant service might be made before 2 March 1916 to Local Tribunals and appealed to Appeal Tribunals and the Central Tribunal. A Local Tribunal for satisfactory cause shown might allow an application after 2 March 1916. Certificates of exemption granted by Tribunals might be absolute, conditional or temporary.

The scheduled exceptions included Regular Soldiers, Reservists, certain members of the Territorial Force, men serving in the Navy or Royal Marines, discharged disabled men, men in holy orders, regular ministers of religious denominations and others.

In the administration of the Act the men affected were divided into classes corresponding to the unmarried groups of Lord Derby's Scheme.

On 2 March 1916 the Army Council issued *Instruction No.* 475 which, as applied to Scotland, bore that medical practitioners who had registered with the Emergency Committee for service with the Army and were in possession of a Certificate of Registration, might be considered eligible for Army duty irrespective of their age.

The Emergency Committee, which prior to this time had given Certificates of Registration to practitioners of military age only, now proceeded to furnish such *Certificates*, on application, to practitioners of 41 years or over.

A.C.I. No. 485 of 1916

On 3 March 1916 the Army Council issued Instruction No. 485, which brought the official communication of 12 January 1916 up to date and cancelled Army

Council Instruction No. 148 of 1916. Army Council Instruction No. 485 reiterated the view expressed in the official communication that no medical practitioner who was willing to accept a medical commission should be accepted as a combatant.

Up to and including 31 March 1916, the Instruction proceeded, no qualified medical practitioner who had been attested under the Group System, or who was in one of the classes under the Military Service Act 1916, was to be called up for service with the Colours. Any man called up and found to be a qualified medical practitioner was to be sent back to his home.

After 31 March 1916 any qualified medical practitioner who was attested under the Group System or was classed in a class under the Military Service Act 1916, and who was registered with the Emergency Committee or provisionally accepted by the War Office, if he received a notice paper calling him up, was to return the notice paper to the Recruiting Officer together with his Certificate of Registration or War Office letter. The notice would then be cancelled, and the practitioner would remain in reserve until selected for a commission in the Royal Army Medical Corps. But any practitioner attested or classed as above, who was not registered with the Emergency Committee, or provisionally accepted by the War Office, would be dealt with in the ordinary course.

By the terms of Instruction No. 485 the Army Council assigned to the Committee's *War Register* a definite function in the scheme of compulsory service, recognizing it as the touchstone for the separation of practitioners into two classes, the Registered who were destined to join the army as commissioned medical officers, and the Unregistered who were liable to be posted to units as laymen.

It appeared to the Committee that any practitioner who, by omitting to register, allowed himself to become an enlisted man was inconsiderate of the national welfare, inasmuch as he at once deprived the Army of a medical officer and the civil community of a practising doctor. A practitioner, on the other hand, who registered with the Committee was turned to full account, either in a military or a civilian charge, as the public need might determine. The Committee therefore continued to urge upon practitioners the claims of its War Register, pointing out that a full, and if possible a complete, Register was necessary in order that the Committee might carry out its undertaking to organize the profession for war, and in order that the profession, co-ordinated under its guidance, might throw its united weight into the national effort.

The views of the *War Office* on the question, as concerning alike the Central Medical War Committee in England and the Emergency Committee, were expressed by a statement given to the press in April 1916, in which these words occur:

> It is evident that all doctors of suitable age should have offered themselves for service quite irrespective of their particular circumstances, whatever these may be, so that a proper selection may be made by a body equipped with the requisite information from all parts of the country, and thus competent to make the necessary comparisons. The only alternatives are haphazard recruitment and arbitrary demand.

At a meeting of the Emergency Committee held on 8 April 1916 it was announced that in many Scottish Divisions over 90 per cent. of the profession had registered as willing to undertake the scheduled services, including whole-time and part-time military and civilian service, appropriate to their age. In one large Division where all practitioners but 9 had already

registered in response to the Committee's memoranda, the Divisional Secretary brought in 5 of the 9, leaving only 4 unregistered, of whom 2 were over 60. In another Division every practitioner under 45 either held a commission or had declared his readiness to take one.

Further Compulsory Service

Scottish Medical recruiting was thus proceeding in harmony, but on the lay side in both Scotland and England there were certain audible discords. Married men who had attested under Lord Derby's Scheme had done so on the understanding that they would not be called to the colours while single men remained unattested. This condition was in form complied with by the Military Service Act 1916, which placed single men in the reserve of the forces ; but in fact a number of single men, by means of the exemption procedure of the Act, had found sanctuary in civil occupations, and the attested married men were so resentful that their calling-up had to be deferred.

The military position, however, did not brook much delay. It was true that apart from the fighting on the Tigris for the relief of Kut, the theatres of war during the early months of 1916 had been comparatively quiescent: but the armies on the Western front were now making ready for the Somme offensive, to open on 1 July, and the output of the Military Service Act 1916 was regarded as below their actual and prospective requirements.

It was therefore decided that the duty of military service, up to this time selective, should be extended under statute to all men of military age.

Military Service Act 1916 (Session 2)

The Military Service Act 1916 (Session 2) received the Royal Assent on 25 May 1916. Its appointed date was 24 June 1916, as from which every British male subject who at any time since 14 August 1915 or for the time being was ordinarily resident in Great Britain, and who for the time being was between the ages of 18 and 40 inclusive, unless he had attained the age of 41 before the appointed date, and subject to exceptions, was deemed to have been duly enlisted for the period of the war and to have been forthwith transferred to the reserve. Provision was made to prevent as far as possible the sending of men to serve abroad before they attained the age of 19.

The provisions of the principal Act, as far as applicable, continued in operation, and other new provisions were made. The principal Act and the Act might be cited together as the Military Service Acts 1916. Pending the appointed date of the Act attestation under groups was permitted.

The *Medical Feature* of the Military Service Act 1916 (Session 2) was its Seventh Section, which provided that claims for exemption by medical men should be dealt with by Committees of medical men. The establishment of Committees so composed, especially at a time of intense public feeling, may be described as somewhat remarkable: and the circumstances which are believed to have inspired the section and secured it a place in the Act are worthy of being recorded.

Special Position of Profession

The Emergency Committee — together with the Central Medical War Committee in England—in the

handling of medical recruiting, had been guided by the view, which it had held from the first, that the medical profession under war conditions had a twofold duty to the country. Medical men in civil practice were urgently demanded by the Fighting Forces, and military claims had a clear priority to which civil practice must yield. Civil practice, however, was an essential service also, and could not be indefinitely curtailed. The twofold duty of the profession was *first* to man the Army with medical officers, and *second* to keep civil practice in being. This twofold duty placed the profession in a special position.

Civil medical practice in a number of Scottish districts had already become far depleted. The Emergency Committee in March 1916, when agreeing to comply with the urgent request[1] of the War Office to hasten the drafts then warned for service, had felt it necessary to express the opinion that "future appeals for more practitioners would require to be most seriously considered in connection with the needs of civil practice." A large proportion of the Scottish practitioners of military age now remaining in civil life were indispensable in the places where they were, and could only be freed for the Army by the provision of adequate substitutes. The special position of the profession was thrown into high relief. Further, recruiting under such conditions must involve precise adjustment between civil and military claims, and any persons placed in charge of the work, especially under the compulsory powers of a Military Service Act, would require to possess a knowledge of the conditions of medical practice, sufficiently detailed to ensure that no area was inadvertently denuded of practitioners, and sufficiently extensive to furnish a standard for

[1] P. 68.

comparing area with area and preventing extreme disproportion of sacrifice.

Question of Control

The point for consideration by the Government was whether the lay Tribunals of the principal Military Service Act possessed, or could acquire, the knowledge above referred to, or whether it would be expedient under the Bill of Session 2 to provide for medical authorities. The question was open, but it was understood that the Government inclined towards the laity.

With a view to his information before arriving at a decision, the President[1] of the English Local Government Board invited a *Conference*, which met with him at Whitehall on 29 May 1916. There were present among others, the President[2] of the General Medical Council, the Adjutant General,[3] the Director General[4] of Army Medical Services, the Chairman[5] of the English Insurance Commission, the Principal Medical Officer[6] of the English Local Government Board, the Chairman[7] of the Central Medical War Committee and the Convener[8] of the Scottish Medical Service Emergency Committee.

The President[2] of the General Medical Council stated the case for the establishment of medical authorities. Medical Committees already existed. They had an organization. They were acquainted with both local and general circumstances. They were

[1] The Right Hon. Walter Long.
[2] Sir Donald MacAlister.
[3] Sir C. F. N. Macready.
[4] Sir Alfred Keogh.
[5] Sir Robert Morant.
[6] Sir Arthur Newsholme.
[7] Dr. T. Jenner Verrall.
[8] Dr. Norman Walker.

representative of the profession and enjoyed its confidence. Their work in equipping the Army with medical officers was highly valued by the War Office. The medical position was quite exceptional, but the Committees had shown their fitness to control it and were worthy of further trust.

The Convener[1] of the Scottish Emergency Committee explained the situation in Scotland. The great majority of the profession had undertaken services appropriate to their age under the Committee's guidance. The Committee's War Register was well filled up. It contained the names of over 96 per cent. of Scottish practitioners of military age. The Committee had regulated Scottish medical recruiting in the past and was able and willing to continue.

Medical Control Established

These and similar statements made at the Conference were the means of convincing the Government, and victory, which had hovered on the side of the laity, came over to the profession. A clause was inserted in the Bill of Session 2 to set up Professional Committees for dealing with claims of practitioners. Their decisions were to be binding on all concerned without the right of appeal. This wide discretion proposed to be conferred was queried in the House of Commons, but the answer was given that if a special tribunal was appointed ad hoc there could be no appeal from it to another body which had general powers and was appointed to deal with general cases. The clause was carried and became Section 7 of the Act.

Section 7 of the Military Service Act 1916 (Session 2) was in the following terms:

[1] Dr. Norman Walker.

Regulations made under the Second Schedule[1] to the principal Act shall provide for the establishment of professional committees to deal with claims for exemption made by duly qualified medical practitioners; and any application made by such a medical practitioner on any ground, other than that of conscientious objection, for a certificate of exemption, shall be referred by the tribunal to whom it is made to such a committee in accordance with those regulations; and the recommendation of the committee on the application shall be binding on any tribunal constituted under the principal Act.

On 1 June 1916 His Majesty by Order in Council, entitled the Military Service (Professional Committees Regulations) Order 1916, made Regulations for professional committees in respect of medical practitioners under the Military Service Acts 1916. The *Professional Committees Regulations* prescribed for Scotland a Central Professional Committee, and for England and Wales a Central Professional Committee and a Committee of Reference.

The Central Professional Committee for Scotland was to consist of not less than twelve nor more than twenty-five members, appointed by members of the medical profession in such manner as the Army Council might approve, and representative of the profession, to which all applications for certificates of exemption made to a tribunal in Scotland, by or in respect of practitioners on any ground other than that of conscientious objection, should be referred by the tribunal to which such applications were made.

The regulations prescribed further that if the Army Council were satisfied that any existing Professional Committee which had been recognised by them for the purpose of making arrangements for the selection of practitioners for service during the war in the Naval and Military Forces of the Crown had been appointed by members of the profession and was representative of the profession, they might if they thought fit, and subject to such conditions as they might impose, approve such Committee for the purpose aforesaid, and in that case the Professional Committee so approved should be the Central Professional Committee.

[1] Relating to constitution of Tribunals.

Central Professional Committee for Scotland

The members of the Scottish Medical Service Emergency Committee, to which the Vice-Dean [1] of the Faculty of Advocates of Edinburgh had been added as Legal Assessor, were, on 15 June 1916, approved by the Army Council in terms of the Professional Committees Regulations, and so became the Central Professional Committee for Scotland. So approved, the Committee, though not at this time itself a Tribunal, had for practical purposes the powers of a Tribunal, inasmuch as its recommendation on any case, as already noted, bound the Tribunal concerned. The Regulations empowered the appointment by a Central Professional Committee, with the approval of the Army Council, of such Local Professional Committees as it might think necessary: but the Scottish Central Professional Committee, in view of its own full knowledge of local conditions, decided that it would not appoint Local Professional Committees in Scotland. The Convener [2] of the Scottish Medical Service Emergency Committee was elected Chairman of the Scottish Central Professional Committee.

The Review of Concurrent Events is completed.

[1] Sheriff J. A. Fleming. [2] Dr. Norman Walker.

CHAPTER VII

1916. § 3

Dual System: Inauguration. — Dual System: Categories of Practitioners. — Dual System: Procedure. — Exemptions: 1916.—Occurrences: *Recent Graduates—Suspension of Twelve Months' Contract—Draft of Medical Officers.*—Medical Mobilization.—Scottish Opinion: *Emergency Committee—R.C.P.E. —R.C.S.E.—Scottish Committee.*—Political Change: *Department of National Service.*—Action by Emergency Committee. —Close of 1916.

Dual System: Inauguration

On 24 June 1916, on the termination of the Committee's 1916 Scheme, the powers of the Committee as the Central Professional Committee for Scotland came into full operation. Since the statutory charge was superimposed on the voluntary recruiting which the Committee was still to carry on, the Committee had now a dual function. Alike in its voluntary and in its statutory capacity it had to condescend on the details of individual cases, claiming for the Army every practitioner who could be freed from civil work without disaster to his area, and requiring that when any practitioner returned from a term of military duty his place as an officer should, if circumstances permitted, be filled by a colleague from his district.

Dual System: Categories of Practitioners

Under the Committee's twofold range of duty medical practitioners fell into three categories:

A. Practitioners under 41 who had registered with the Emergency Committee.
B. Practitioners under 41 who had not registered with the Emergency Committee.
C. Practitioners over 41.

These age limits signified, in the case of a married practitioner, that he was under or over 41 on 24 June 1916, and, in the case of a single practitioner, that he was under or over 41 on 2 March 1916.

The courses open to practitioners were explained in an Official Memorandum,[1] issued by the War Office, to be for each category substantially as follows:

A. Practitioners under 41 who had registered

A practitioner under 41, who had registered with the Emergency Committee, was under Army Council Instruction 485 not called up by the Military Authority for combatant service if, and so long as, he was registered and undertook to serve and, if required, served as a commissioned officer in the R.A.M.C., whenever this might be found necessary in his particular case.

A practitioner registered with the Committee did not require to make any application to a Local Tribunal for exemption, for the reason that the summons to compulsory service, against which alone he would have any occasion to appeal to a Local Tribunal, did not reach him. He had no concern with any Local Tribunal nor any Local Tribunal with him. If he was called up inadvertently by the Military Authority, all he required to do was to send at once to that Military Authority a certified copy of his Certificate of Registration, and the Military Authority then, in accordance

[1] The National Organization of the Medical Profession in relation to the needs of H. M. Forces and of the civil population and to the Military Service Acts. (War Office, 7 June 1916.)

with Army Council Instruction 485, cancelled the notice, and he remained in reserve unless and until selected for a commission in the R.A.M.C.

When selected by the Committee for a commission, he received an opportunity, if he felt justified in claiming to be left in his civil practice, of sending full particulars of his case; and in due course the Committee, after hearing him if he so desired, made a final decision.

If it was decided that he was not to be taken, or not to be taken till some specified later date, he was informed accordingly by the Committee.

If on the other hand he was selected, he was offered by the War Office, on the date indicated to him by the Committee, a commission in the R.A.M.C., which he was bound to accept. In that event his commissioned service was on that occasion for a period not longer, unless he was willing, than twelve consecutive months, and the terms and conditions of service were the same as those hitherto obtaining for temporary R.A.M.C. commissions.

On his return to civil life it was necessary for him again to register with the Emergency Committee so as to obtain the conditional immunity conferred by Army Council Instruction 485; otherwise he was liable to be called up for ordinary service by the Military Authorities. It was clear, as regards the practitioner under 41, that in virtue of the compulsory provisions of the Military Service Acts, his statutory liability to military service held good, as with other citizens, for the whole period of the war.

B. Practitioners under 41 who had not registered

A practitioner under 41 who was not registered with the Emergency Committee was liable for ordinary combatant service under the Military Service Acts. If on being called up he desired exemption from ordinary service he applied to the Local Tribunal for it: his claim, unless it was on the ground of conscientious objection, was sent on by the Local Tribunal, under Section 7 of the Military Service Act 1916 (Session 2), to the Emergency Committee, acting as the Central Professional Committee for Scotland, which determined whether it was, or was not, necessary that he should be allowed to remain in his civil practice.

If it was decided that he should so remain, whether for a time or indefinitely, the Committee recommended exemption for such period and subject to such conditions as they deemed suitable,

and the Local Tribunal gave him a Certificate of Exemption accordingly.

If on the other hand it was decided that it was not necessary that he should be retained, the Committee so recommended, and the Local Tribunal then, under Section 7, refused him exemption. The Military Authority then called him up for ordinary service under the compulsory powers of the Military Service Acts, and the War Office then, unless they thought him unsuited for the R.A.M.C., offered him a commission in the R.A.M.C. for the whole period of the War and on the ordinary rates of pay, not under the special arrangements as to pay and twelve-month periods accorded to those who registered with the Emergency Committee.

C. Practitioners over 41

A practitioner over 41 was not within the compulsory provisions of the Military Service Acts, and could only be obtained for the R.A.M.C. with his consent. If he was registered with the Emergency Committee his undertaking pledged him to no more than twelve consecutive months of service. Whether he served for a second period after such interval, if any, as the Emergency Committee might think applicable, was wholly in his option.

Dual System: Procedure

In intimating to a practitioner in category *A* that he had, in terms of his registered obligation, been selected for the Army, the Committee enclosed a form of application for a commission. In its covering letter it wrote these words, also in terms of the practitioner's registered obligation.

> If you are of opinion that your personal or professional circumstances or any other considerations justify your claiming to be left in your civil practice, you must communicate in writing to that effect at once to the Secretary of the Committee, when a form will be sent you on which to state full particulars of your case.

The form referred to was the form entitled Application for Exemption.

In intimating to a practitioner in category *B* that

his case had been referred by a Local Tribunal, the Committee supplied him with the same form of Application for Exemption.

The remaining procedure of the Committee in hearing statements made by or for applicants, and in dealing with their claims, was the same for practitioners in both categories, except that the Committee's finding in category *A* cases was intimated to the practitioner, whereas in category *B* cases it was necessary to notify it to the Local Tribunal concerned.

Conscientious objection being excluded from the Committee's purview by Section 7 of the Military Service Act 1916 (Session 2), applications for exemption by category *B* cases were limited to the grounds of national interest, serious hardship and ill-health. An exemption recommended by the Committee might be absolute, conditional or temporary.

Though authorized by Order in Council and heralded by a War Office Memorandum the work of the Committee as the Central Professional Committee for Scotland, strictly so called, was light. The cases referred to it by Local Tribunals, as will be shown, were infrequent and almost negligible. Its main pursuit under the dual system continued to be, as heretofore, to call on the practitioner to fulfil the conditional promise of which his war registration was the token, and then, having weighed the merits of his case, either to allow him to remain in civil life or to summon him to join the Army. The statutory powers, however, though seldom required to be exercised, strengthened and completed the Committee's control over the channels of medical recruiting, inasmuch as all practitioners of military age, except some few who might pass to the Royal Navy or the Territorial Force, were now brought by one path or another directly

within its cognizance. Whether the practitioner came forward betimes and registered with the Committee, and then, being called on to take a Commission, either took it or stated his case for delay or exemption, or whether, having refrained from registration, he tardily sought exemption at the hands of a Lay Tribunal which in turn referred him to the Committee, he was guided to the Committee at last.

Exemptions: 1916

The first meeting of the Committee for the purpose of considering claims by practitioners to be exempted from military service took place on 26 July 1916. As the Emergency Committee and the Central Professional Committee for Scotland were composed of the same persons, and as the Convener of the Emergency Committee was the Chairman of the Professional Committee, the Committee was able at its meetings to deal both with claims by practitioners entered in its War Register whom it had requested to take commissions, and with statutory claims referred to it by Local Tribunals in respect of practitioners who had not registered.

The claims heard between 26 July 1916 and the close of the year were 47 in number. Of the 47 claims, 44 were addressed to the Emergency Committee by registered practitioners, while 3 were referred to the Professional Committee by Local Tribunals. Of the 47 claims, 16 originated from the Glasgow Division, 7 from Edinburgh and Leith, 4 from Renfrew and Bute, 3 each from Ayr, Fife, Lanark and Stirling, 2 each from Aberdeen and Inverness, and 1 each from Banff, Elgin and Nairn, Dumbarton, Perth, and the South-East.

Of the 47 applicants, 1 received absolute exemption,

12 conditional exemption and 12 temporary exemption. To 22 of the applicants exemption was refused.

Occurrences

In July 1916 the Director General, Army Medical Services, issued a decision with regard to *Recent Graduates*, to the effect that all medical practitioners who obtained their qualifications after the passing of the Military Service Act would be appointed to the Royal Army Medical Corps, Special Reserve, and not to temporary Commissions.

On 28 July 1916 at the Annual Representative Meeting of the British Medical Association, the member[1] of the Emergency Committee who was a member also of the Central Medical War Committee expressed to the Association the thanks of the Emergency Committee for the help which had come to it from the resources of the Association.

In terms of an Order now issued by the War Office to certain Commands, medical officers of military age holding temporary commissions in the Royal Army Medical Corps under the *Twelve Months' Contract*—authorized by the War Office in 1915[2] and confirmed in the Official Memorandum of 1916—were required to continue on service beyond their year. To a question in Parliament on 31 July 1916 the Financial Secretary to the War Office replied that temporarily commissioned R.A.M.C. officers serving in Egypt, who would on ceasing to serve as doctors become subject to the provisions of the Military Service Acts, had been retained beyond the termination of their year's contract, but that their retention was necessary in order to provide adequately for medical requirements. It was hoped that they might be able to return to this country at an early date when reliefs were available.

[1] Prof. H. H. Littlejohn. [2] Page 34.

The Secretary's answer was recognised as candid by all who took account of the facts. The Somme offensive was developing: at the date of the answer the Battles of Delville Wood and Pozières Ridge were in progress. The claims of the Western front made the procedure referred to inevitable. As most medical officers on the twelve months' contract had spontaneously decided to remain in the Army, and as the Order in any event affected only those practitioners of military age whose agreement was on the point of expiring, the number practically concerned was small. In cases where serious hardship threatened, or where the circumstances were otherwise special, the War Office were prepared to entertain proposals for release put forward by the Emergency Committee.

On 6 November 1916 the War Office telegraphed to the Committee asking for as large a *draft of medical officers* as possible. They explained by letter that the weekly wastage of R.A.M.C. officers in the British Armies in France alone was considerably greater than the number appointed week by week, that they were failing to replace the casualties in that theatre of war and that they were being urged besides to supply many medical officers to forces in other fields. The Committee in response called up 30 medical men and got 32. In notifying the War Office of this draft it expressed its expectation that, if it found that it had depleted any area too seriously, the War Office would favourably entertain its request for the release of a medical officer or officers to help the local shortage.

On 7 October 1916 the Emergency Committee lost by death one[1] of its original members, formerly Chairman of the Scottish Committee of the British Medical Association, who had called together

[1] Dr. J. R. Hamilton.

the First Medical Conference, which appointed the Emergency Committee, and thereafter throughout his period of membership had rendered conspicuous service.

Medical Mobilization

The Somme battles with their mounting casualties and the losses at sea by enemy submarine action with the consequent threat of scarcity, these and other factors, while the year 1916 advanced towards its close, left the country in no doubt as to the gravity of its position, suggested that the time had come for a widely concerted effort and so turned men's minds towards that mobilization of the whole community on a war footing which had been the remoter object of the National Registration Act 1915.

The medical profession, continually under pressure to make up to the Army its wastage in medical officers, had this problem early before it. It saw the possible usefulness of some co-ordinated plan which should be inclusive of all its members. Alike in England and in Scotland the situation was discussed among practitioners, and a project began to take form for the mobilization of all medical men in the national interest, for both military and civil work.

Scottish Opinion

While medical Scotland as a whole was organized with some completeness, and while in many districts every medical man was either serving or pledged to serve or was acting in relief of a colleague absent on service, it was known to the Emergency Committee that there were other areas where the burden was not shared by all, and where the introduction of a comprehensive scheme would make for equality of sacrifice.

After careful consideration of the issues involved, the Committee decided that there was a case in Scotland for professional mobilization. It proceeded to reduce to a definite formula the speculations current on the subject: and on 15 December 1916 it unanimously adopted the following resolution:

That the Committee approve of the principle of the complete organization of the medical profession for the period of the war and for 6 months thereafter, in order that every person whose name is on the Medical Register shall be held bound, when required by the Government, to give such service as he or she is competent to render to the country for naval, for military, or for civil practice.

Rider:—The Committee have adopted the above resolution on the understanding that the organization referred to shall be in the hands of a Medical Committee appointed by the Government for the purpose.

The Presidents[1] of the Royal Colleges in Edinburgh, a Fellow[2] of the Royal Faculty of Physicians and Surgeons of Glasgow, and the Chairman[3] of the Scottish Committee of the British Medical Association brought the resolution under the notice of their respective bodies, and within a week from its adoption by the Emergency Committee it had received the cordial support of all but the Royal Faculty, whose standing orders did not permit such expedition.

The resolution of the *Royal College of Physicians*, Edinburgh, which was unanimous, was in the following terms:

That this College, having considered the resolution submitted to it by its representative on the Scottish Medical Service Emergency Committee, endorses the policy of the resolution, on the understanding that the organization referred to shall be in the hands of

[1] Prof. William Russell. Mr. J. W. B. Hodsdon.
[2] Prof. T. H. Bryce. [3] Dr. John Adams.

a Medical Committee appointed for the purpose, and that this College and the other Scottish medical corporations are adequately represented on the Committee.

The resolution of the *Royal College of Surgeons*, Edinburgh, also unanimous, was in the same terms as the resolution of the Royal College of Physicians.

The resolution of the *Scottish Committee* of the British Medical Association was in the following terms :

That this Committee approve of the principle of the complete organization of the medical profession during the period of the war and for 6 months thereafter, in order that every person whose name is on the Medical Register shall be held bound when required by the Government to give such service as he or she is competent to render to the country for naval, for military, or for civil practice, subject to the following riders :

1. The Committee have adopted this resolution on the understanding that the organization referred to shall be in the hands of a Medical Committee appointed by the Government for the purpose.

2. That at least one-half of the members of the Committee in question should consist of general practitioners.

The four resolutions were all to the effect that for the period of the war and for 6 months thereafter every duly qualified medical man and woman should, under an organized scheme, when required by the Government, give such service to the country, for naval, military or civil purposes, as he or she might be competent to render.

The proviso, contained in the four resolutions, that the scheme should be in the hands of a medical Committee to be appointed by the Government was warranted by the recognition which had been accorded to the then existing medical committees in both England and Scotland.

The proviso by the Royal Colleges that they should

be adequately represented on the Committee to be appointed was justified by the high standing of these bodies and by their public services.

The proviso of the British Medical Association that at least one-half of the members of the Committee to be appointed should consist of general practitioners was warranted by the circumstance that the majority of those whose destinies were liable to be decided by the Committee to be appointed would be engaged in the practice of general medicine.

Political Change

The Emergency Committee had proposed to obtain for the principles set forth in the resolutions the concurrence of meetings of the medical profession in the great Scottish centres, and thereafter to approach the Government with a request for the legislative sanctions necessary to transform the free-will offer into a working scheme.

But important events which had supervened modified the Committee's intention. On 5 December 1916, with the resignation of the then Prime Minister,[1] the First Coalition Government fell. The Prime Minister[2] of the Second Coalition Government, who acceded to office on 7 December 1916, created a number of special departments for the special exigencies of the time.

One of these special Departments was the *Department of National Service*. It was under the charge of a Director General with the assistance of a military and a civil director. On 19 December 1916 the Prime Minister announced in the House of Commons that the Department of National

[1] The Right Hon. H. H. Asquith.
[2] The Right Hon. D. Lloyd George.

Service was in being: and stated further that if volunteers under the Departmental Scheme fell short of requirements, Parliament would be asked to grant further powers.

Action by Emergency Committee

The organization of the country, as the Emergency Committee concluded, was definitely under way. Any proposals as to medical organization should be put to the Government before its procedure in the matter was finally settled. There was no time now for the Committee to secure, as had been proposed, a mandate from the general Scottish profession. The views of the Committee itself, however, and of representative Scottish medical bodies, had been clearly declared; it was decided to make them known.

The Committee, therefore, standing for Scotland, and acting in concert with the Central Medical War Committee[1] and the Committee of Reference[2] in

[1] On 30 December 1916 the Central Medical War Committee addressed to Mr. Lloyd George, as Prime Minister, a letter in which the following sentence occurs: "At a meeting on December 6th the Committee approved the general principle of mobilization of the medical profession, apart from any question of the general mobilization of the whole community, so that any individual whose name is on the Medical Register shall give such service, whether in a military or a civil capacity, as he or she is competent to give, when required to do so by the State."

The letter closed with an intimation that the Committee was prepared to place its services at the disposal of the Government in any way which might be thought to be most useful.

[2] The Committee of Reference, writing to Mr. Lloyd George, as Prime Minister, on 5 January 1917, expressed the wish to assist, in such manner as might be determined, the mobilization of the profession, and gave the assurance that they were acting, as in the past, in full sympathy and co-operation with the Scottish Medical Service Emergency Committee and the Central Medical War Committee.

England, addressed by its Convener[1] on 23 December 1916 a letter to the Prime Minister.[2]

The Convener's letter referred to the work of the Committee from its appointment till the time of writing, stated the Committee's resolution of 15 December 1916 in favour of the complete organization of the profession, quoted the supporting resolutions of the Royal Colleges and the Scottish Committee of the British Medical Association, and concluded with these words:

> It was the Committee's intention to proceed by laying these resolutions before meetings of the profession in the larger centres of population in Scotland, and when they had received, as was anticipated, an almost unanimous endorsement to ask you to introduce the necessary legislation.
>
> In view of your announcement the Committee is of opinion that the information contained in this letter should be laid before you at once so that you may place it at the disposal of whatever authority is entrusted with the matter, and I am to add that the Committee places itself and all the information at its disposal unreservedly at the service of the country.

Close of 1916

Such was the position of professional mobilization in Scotland at the end of 1916, a year which had witnessed the introduction in Great Britain of compulsory military service and the appointment in Scotland of the Emergency Committee as a statutory body to decide applications by practitioners. It was estimated by the Committee that 1800 Scottish medical men, up to the close of the year, had taken service with the Forces of the Crown.

[1] Dr. Norman Walker.

[2] The Right Hon. D. Lloyd George.

CHAPTER VIII

1917. § 1

Medical Mobilization: Further Progress.—*Conference of Secretaries of War Committees—Director General of National Service—Interview.*—St. Ermin's Conference.—Limiting Resolutions.—*R.F.P.S.G.—Glasgow and West of Scotland—Edinburgh and Leith.*—Medical Mobilization: Decline.—General Call-up by War Office: *Hospital Ships—Calling-up Notices—Letter by Secretary for War—New Contract—View of Committee.*—Unsettlement: *A.C.I. No.* 485 *of* 1916—*Civil Community—Conference.*—Settlement.—58th General Hospital.

Medical Mobilization: Further Progress

THE mobilization project, suggested in the Emergency Committee's letter [1] to the Prime Minister of 23 December 1916, continued to engage the attention of the Committee and of medical men in Scotland.

Mobilization, as applied to the medical profession, was understood rather than defined. The President of the General Medical Council referred to it later as a temporary measure of general control, extending to all practitioners and directing their distribution according to the Nation's need for service. The Emergency Committee's resolution of 15 December 1915, and the supporting resolutions cited above,[2] showed that the services proposed to be exigible covered naval, military and civil practice.

[1] P. 99.

[2] Pp. 95 and 96.

As touching naval and military employment, mobilization was not against the inclination of Scottish practitioners as a body. To many, debarred from commissions on the ground that they were irreplaceable in their areas, it seemed to open a way to the service to which they aspired. As touching civilian work, however, the question arose whether a practitioner under a mobilization scheme could be ordered to leave his practice so as to take charge of a medical bureau or central surgery or of a vacated practice in another part of the country. The answer could only be that such orders might have to be given. This prospect was unattractive to many practitioners and obnoxious to some, but most were prepared to admit that the service would be of value, and that under a scheme it would be their duty to render it. Over Scotland generally, during the months of January and February of 1917, as the Committee had reason to believe, the medical profession, recognizing that its mobilization would serve the best interests of the Nation, was prepared to be mobilized, subject only to the condition that any plan of mobilization should be under medical control.

On 26 January 1917, at a *Conference of Secretaries of War Committees*, who were, on account of the office which they discharged, in close touch with professional opinion in their districts, the mobilization proposal was discussed. All representatives present were agreed as to the increasing difficulty of liberating practitioners for military service: a number of Divisions had reached the limit of voluntary achievement; under a compulsory régime, however, applicable to both military and civil practice, adjustments could be made, and more men freed. The following resolution was carried at the Conference, nemine contradicente:

That this Conference of Secretaries of Local War Committees, being informed that further substantial calls are likely to be made on the profession, is of opinion that these calls can only be met by mobilizing the whole profession.

On 6 February 1917 the *Director General of National Service*[1] referred to the question at issue. In a public utterance he said:

As for doctors, I have been in touch with the President of the General Medical Council, and although my plans are not yet completed I hope it will be possible for me to arrange something with them. . . . What we have to do is to see that the doctors are so mobilized and distributed that the needs of the civil population and the army can be met, and that so far as possible specialists shall be put to do work for which they have taken pains to fit themselves in particular.

The interest of the Scottish profession, already alive, was roused by the Director General's statement of his intentions. Enrolment for national service was now proceeding, and practitioners were wishful to know whether it would be proper for them to enrol at once or whether they should await developments. The Convener of the Emergency Committee, who received many inquiries, asked the Director General for a decision. The Director General replied that Scottish doctors should not enrol on ordinary forms as special arrangements were contemplated. An announcement to this effect was communicated by the Convener to the profession through the Scottish press.

The Director General of National Service having expressed a desire for an *Interview* with a representative of the Emergency Committee at St. Ermin's, Westminster, the headquarters of his Department, the Convener[2] was appointed by the Committee to attend at St. Ermin's, and attended. On the advice of the

[1] Mr. Neville Chamberlain. [2] Dr. Norman Walker.

Convener, given at this interview, the Director General resolved to call a Conference of representatives of the Professional Committees, under the chairmanship of the President of the General Medical Council, in order to consider what steps should be taken with reference to the organization of the profession under the scheme for national service.

St. Ermin's Conference

The proposed Conference was announced by the Director General in a letter, addressed to the Emergency Committee on 22 February 1917, from which the following passages are quoted:

> The organization of the medical profession, with a view to meeting the needs both of the military and civil population, is one with which this Department is now concerned. . . . Accordingly I have decided to call a Conference . . . and I should be very much obliged if your Committee would be good enough to nominate representatives from amongst their number who would be prepared to attend. . . . For your information I may say that the following will be among the subjects upon which it is desired that the Conference should express an opinion.
>
> 1 whether the service to be given by members of the profession should be compulsory or voluntary;
> 2 what arrangements should be made for the collection and distribution of fees or other form of remuneration in cases where doctors leave their own practices or take on the practices of others;
> 3 what arrangements should be made:
> (*a*) centrally, and
> (*b*) locally
> for redistribution of medical men; and
> 4 what should be the relations between any central executive or advisory body representing the profession and this Department.

The Conference met at St. Ermin's, Westminster,

on 14 and 15 March 1917. The President[1] of the General Medical Council presided. There were present three representatives[2] of the Scottish Medical Service Emergency Committee, four representatives[3] of the Central Medical War Committee and two representatives[4] of the Committee of Reference. There also attended the Secretaries[5] of the three Committees, a representative[6] of the Army Medical Department, two representatives[7] of the English Local Government Board and two representatives[8] of the English Insurance Commission.

The representative of the Army Medical Department submitted to the Conference a statement showing that close on 1000 additional medical practitioners were required to make good the regular wastage of the existing Army Medical Service, and to provide for the necessary expansion of the service to meet new and urgent demands.

In the light of the statement so submitted the Conference proceeded to deal with the four heads of reference set out by the Director General of National Service in his letter of 22 February 1917, and found as stated hereunder:

HEAD 1.—*Whether the service to be given by members of the profession should be compulsory or voluntary.*

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[1] Sir Donald MacAlister.

[2] Dr. Norman Walker, Dr. John C. M'Vail, Dr. John Adams.

[3] Dr. T. Jenner Verrall, Mr. E. B. Turner, Dr. C. Buttar, Dr. Richmond.

[4] Sir Rickman Godlee, Dr. Frederick Taylor.

[5] Mr. T. H. Graham, Dr. Alfred Cox, Mr. Bishop Harman, Mr. F. G. Hallett.

[6] Sir William Babtie.

[7] Sir Arthur Newsholme, Mr. H. O. Stutchbury.

[8] Sir Robert Morant, Dr. J. Smith Whitaker.

The Conference held that the time for further appeals for voluntary service was past, and that effective provision could no longer be made for the needs of the Forces on the one hand, and of the civil population on the other, without the institution of a system of compulsory medical service for both men and women practitioners. It recommended that steps for the institution of compulsory medical service for members of the medical profession should be taken forthwith, apart from and independently of any measure for the institution of compulsory national service applicable to the civil population in general.

HEAD 2.—*What arrangements should be made for the collection and distribution of fees, or other form of remuneration, in cases where doctors leave their own practices or take on the practices of others.*

The Conference agreed that the remuneration of medical practitioners transferred by direction of a Central Executive for substitute medical service of any kind, other than service under a Military Authority, should be secured by means of arrangements, as to the allocation of professional fees, etc., approved by the Central Executive concerned, and not by the payment of professional salaries by the State: with the proviso that it might be found necessary to institute a central fund supplemented by state grants, from which the Central Executive might draw in order to make good unavoidable deficiencies of professional remuneration in individual cases. The professional remuneration secured to a medical practitioner, transferred by direction of a Central Executive for whole-time substitute service from his own practice to another practice, should not be less advantageous in its terms than if the practitioner had been transferred from his own practice to military service in the Royal Army Medical Corps.

The Conference agreed further that the Department of National Service should make such contribution towards the necessary administrative expenses of the mobilization of the profession as might be found necessary.

HEAD 3.—*What arrangements should be made* (a) *centrally and* (b) *locally, for redistribution of medical men.*

The Conference adopted the view that for purposes of *central* organization there should be Central Executives for England and Wales and a Central Executive for Scotland, distinct and separate from one another, the Central Executive for England and Wales being the Central Medical War Committee with the Committee of Reference, and the Central Executive for Scotland being the Scottish Medical Service Emergency Committee. It considered that each Central Executive should consist essentially of members of the medical profession, and that provision should be made for the inclusion in each of one or more women, representative of women practitioners. The Central Executives should be appointed or recognized by the Director General of National Service for the purpose of carrying out mobilization, and invested with the necessary powers; and provision should be made for the attendance at their meetings of representatives of the Government Medical Services concerned and for assistance of a legal character when required. For the hearing of appeals by practitioners with reference to mobilization, the Central Executives should be empowered to sit in several sections in different localities as might be expedient, decisions by sections being issued in the name of the whole Executive.

For purposes of *local* organization the Conference was of opinion that the Central Executives should be empowered to appoint or recognize, with the approval

of the Director General of National Service, such local professional committees as they might think necessary; and that such local professional committees should forthwith be elected, or, if already existing, re-elected, by the profession in areas, with a view to their appointment or recognition by the Central Executives.

HEAD 4.—*What should be the relations between any Central Executive or Advisory Body representing the profession and the Department of National Service.*

The Conference agreed that a small Medical Service Advisory Board for Great Britain, representative of the Central Executives and including the Chairman of each, should be appointed for purposes of consultation with the Director General of National Service or his Deputy, and that representatives of the Government Medical Services concerned should be invited to attend the meetings. A Committee of the Medical Service Advisory Board, consisting of the Chairmen of the Central Executives, should be empowered to meet for consultation with the Director General of National Service or his Deputy in case of urgency.

The Conference embodied the foregoing opinions and recommendations in a unanimous report which it presented to the Director General of National Service. By request of the Director General, who desired to consider the report, the proceedings of the Conference were not made public at the time. They are now permitted to be disclosed.[1]

Limiting Resolutions

In the meantime resolutions were adopted by practitioners in Glasgow and Edinburgh, which limited in an

[1] Letter of 24 December 1921 from Mr. Neville Chamberlain to Dr. Norman Walker.

important particular the suggestions of the Conference, the Emergency Committee, the Royal Colleges and the Scottish Committee of the British Medical Association.

On 6 March 1917 it was resolved by the *Royal Faculty of Physicians and Surgeons*, Glasgow:

That the Royal Faculty of Physicians and Surgeons of Glasgow approves of the principle of the organization of the whole Nation to secure the successful and rapid conclusion of the war, so that all fit persons shall be liable to be called on by the Government to render such service in naval, military or civil departments as they may be deemed suitable for, due regard being paid to age, training and circumstances: if and when this proposal is carried into actual practice by the Government the Royal Faculty will be prepared to render all possible assistance in the organization of their own profession.

On 27 March 1917, at a meeting of medical practitioners in *Glasgow and the West of Scotland*, held under the Chairmanship of the President of the Royal Faculty, it was resolved, inter alia:

That this meeting, having expressed its opinion that the whole Nation should without delay be organized for war, is nevertheless strongly of opinion that to compulsorily mobilize the medical profession in advance of the rest of the community would be unjust alike to the profession and the community at large.

This resolution was a more direct expression of the second portion of the Royal Faculty's resolution of 6 March.

On 17 April 1917 the *Edinburgh and Leith* Division of the British Medical Association passed the following resolution:

That this meeting strongly protests against any measure of compulsion being applied to the medical profession which is not at the same time applicable to the whole community.

Medical Mobilization: Decline

The Glasgow and Edinburgh meetings, in resolving that there should be mobilization but that the medical profession should not be mobilized before the general community, were at variance with the Emergency Committee, the Royal Colleges and the Scottish Committee of the British Medical Association, which had favoured medical mobilization simpliciter, and still more at variance with the Central Medical War Committee [1] in England and the St. Ermin's Conference, which had declared for medical mobilization irrespective of the lay population. They voiced a more careful and circumspect policy than had thus far animated the profession on the subject. Nevertheless, had the Government now been able to take legislative action in terms of the report of the St. Ermin's Conference, and mobilize the profession for all purposes independently of the rest of the people, they would have received the effective compliance of the great majority of Scottish practitioners. A proposal, however, to lay a special obligation, including civilian service, on a selected group was at this time politically difficult; and so the profession, which had humbly begged the leading of the vaward, was not suffered to take it. An Act [2] now ensuing, which was passed in April, gave power to review the exception of certain men from military service, but made no new claim on practitioners.

Professional organization, as a topic, was referred to at the session of the General Medical Council in May 1917. It was aimed at in the North of Scotland in June when the Caithness and Sutherland War Committee unanimously resolved:

[1] P. 98, Footnote 1.

[2] Military Service (Review of Exceptions) Act, 1917. P. 122.

That every fit man in the medical profession in Scotland irrespective of age should be conscripted and his services placed at the disposal of the Emergency Committee, thus making possible a scheme of redistribution of doctors, whereby more men of military age could be released for the Army.

In July 1917 there was an approving resolution in London at the Annual Representative Meeting of the British Medical Association, but the movement over Great Britain as a whole had spent its force.[1]

Complete mobilization, as proposed in the December resolutions,[2] remained at the last a plan not carried out. It was, however, finely conceived and prompted by high motives of public spirit, and even in its unsuccess it stands as a distinguished episode of the medical history of the war.

It would appear, moreover, that the Government was not forgetful of the willingness which Scottish and English practitioners had expressed to come under special obligations. Though the original scheme of statutory organization for both military and civil purposes did not materialize in the manner intended, it was not all lost. The discerning eye will detect its influence in the Military Service (No. 2) Act[3] of 1918, which fixed a higher military age for medical men than for the lay community, and empowered the application

[1] In July 1918 the Annual Representative Meeting implied its adherence to the doctrine of special war service by the profession. An amendment, referring to the Military Service (No. 2) Act, 1918, and declaring that "any conscription extended beyond the age limit determined for the rest of the nation and moreover different in character and of the nature of an industrial conscription, which has constantly been repudiated by the Government, is totally unnecessary and unwarranted," was moved, and on being put to the meeting was lost.

[2] Pp. 95 and 96.

[3] P. 138.

to civilian practitioners, under prescribed conditions, of a measure of vocational control.

General Call-Up by War Office

Hospital Ships had been assailed by the enemy on several occasions before the end of 1916, but in 1917 these attacks assumed a more intense and determined form. The hospital ships *Asturias* and *Gloucester Castle* were torpedoed in March 1917 ; *Donegal* and *Lanfranc*, hospital ships also, were sunk on one day in April ; and the conveyance to Britain of sick and wounded from the theatres of war began to be seriously threatened.

It was therefore decided that it would be necessary to institute many hospitals overseas. The War Office was aware that the staffing of the proposed establishments would make large demands on the remaining medical man-power of the country, and it set out with impetuous vigour to secure the personnel required.

The 17th of April 1917 had witnessed the loss of *Donegal* and *Lanfranc*. On 18 April the Director of Recruiting instructed all Recruiting Officers to issue immediately *Calling-Up Notices* to all medical practitioners of military age on their registers to report in seven days. On 19 April a direction was sent to Commands and Groups in Great Britain that Recruiting Officers were to compile an accurate list of all medical practitioners in sub-areas, and that Army Council Instruction No. 485 of 1916 was to be regarded as cancelled in individual cases seven days after issue of the calling-up notice, unless the practitioner concerned had appealed his case to the Emergency Committee and had not received a reply.

Commands and Groups were directed to issue to

each practitioner of military age a *Letter* from the Secretary of State for War[1] couched in the following terms:

WAR OFFICE, 21 *April* 1917.

I am desired by the War Cabinet to ask your earnest consideration of the following matter:

The enemy, in total disregard of the accepted tenets of civilized warfare, have deliberately instituted a submarine campaign against hospital ships.

It has therefore become essential that a large number of hospitals should be established overseas in the various theatres of war for the treatment of the sick and wounded.

In order to allow of this being done, and done with great rapidity, it has become essential to secure the services of every member of the medical profession who can possibly be spared from this country. The figures in the possession of the Government make it plain that the number of doctors who could be spared from this country are more than are needed to supply the military requirements if adequate steps are taken, by the doctors over age or by other means, for doing the work in this country of the men who must now be taken for medical service overseas.

For these reasons the War Cabinet have decided, as the first step in this process, that every medical man of military age must be called up at once under the Military Service Acts, in order that he may thus be made available at once, and that, if he cannot be spared from his locality without arrangements being made for carrying on his work, his case may be immediately investigated and decided upon and steps taken for securing a substitute for that work.

Every medical man thus summoned must, therefore, communicate immediately to the Central Medical War Committee (or the Scottish War Emergency Committee), if he is of opinion that circumstances (personal or public) make it impossible for him to go—*e.g.* that he can only be spared from his present duties when some arrangements have been made for doing his present work.

May I express the earnest hope that every doctor over military age will immediately offer his services to the local Medical War Committee of his area as willing to undertake any substitution work within his capacity which would help to release any man of military age who cannot otherwise be spared?

[1] The Earl of Derby.

The War Cabinet recognize to the full the great services that the medical profession has rendered during the present war, and regret that the barbarous action of the enemy compels a further call on their services, and a resort by the Government to measures which the Army Council had intended to avoid, and could still have avoided, but for this new phase of German outrage. They recognize that the new procedure must involve additional sacrifices for the people of these islands, and must fall heavily on the medical profession. But the War Cabinet trust and believe that this call will be met in the same splendid spirit with which previous calls have been met, and that members of the medical profession and the public whom they serve will ungrudgingly make whatever sacrifices may be necessary in order that our soldiers abroad may have the same attention and care which medical science provides for their comrades at home.

Again on 21 April a further instruction was issued to Commands and Groups in Great Britain. Practitioners who applied for commissions or who had been exempted by the Emergency Committee on or before 19 April 1917 were to be sent home to await instructions to join for service at 48 hours' notice on or after 6 May. Practitioners who appealed to the Emergency Committee after being called up were to be dealt with in a like manner, subject to the Committee's decision. Practitioners exempted by the Emergency Committee after 19 April were to remain exempted. Practitioners who refused to apply for commissions were to be posted as privates to the R.A.M.C. and dispatched to the Blackpool Depot.

For these engagements there was announced a *New Contract* which principally differed from the twelve months' contract[1] previously in force by requiring service from the day of commencing duty until the termination of the emergency then existing or until service was no longer required, whichever should first happen.

[1] Pp. 34, 40 and 88.

The ends to be served by the courses outlined were not fully apparent. In the *View of the Committee* the lists of medical practitioners to be compiled by Recruiting Officers would be less complete than its own War Register. While acquiescing wholly in the grounds of urgency as advanced by the Secretary of State for War in his letter to practitioners, it looked with concern on the virtual extinction of its exemptions granted up to 19 April. It agreed that the posting as privates to the Royal Army Medical Corps of practitioners who rejected the offer of a commission was warranted as a penal measure, but it doubted, as heretofore, the expediency of a plan which deprived the civil population of a doctor without providing the army with a medical officer. It observed, with regret, that the new procedure destroyed its initiative. It recognized, however, that through the right of appeal it would retain some power of control. It approved of the new contract.

Unsettlement

When Recruiting Officers, in accordance with their nstructions, issued their notices to report, practitioners of military age still remaining in Scotland were thrown into an agitation. While some of those registered with the Emergency Committee were pleased by the near prospect of military service which had hitherto been denied them, and others were indignant at the departure from the conditions under which they had undertaken to serve, the general feeling was one of unsettlement mingled with anxiety, and the Committee foresaw that without some remedy there would be dislocation of civil practice.

Seeking a remedy, the Committee turned to the

recruiting direction of 19 April 1917, which continued *Army Council Instruction No.* 485 *of* 1916 in operation beyond seven days after notice issued, if the practitioner concerned had referred his case to the Emergency Committee and had not received a reply. As every practitioner registered with the Committee who received the calling-up notice had referred, or would refer, his case to the Committee, the resulting position, in the view of the Committee, for practical purposes was that practitioners registered with the Committee were still under the Instruction. The Committee therefore, in order to allay the turmoil in the mind of the profession, caused to be published in the Scottish press of 21 April 1917 a statement setting forth the current provisions of Army Council Instruction No. 485 of 1916 with regard to (*a*) practitioners of military age registered with the Committee, and (*b*) practitioners of military age not so registered, as follows:

(*a*) If a qualified medical practitioner who is attested under the group system, or is in one of the classes under the Military Service Act 1916, and who is enrolled[1] under the Scheme of the Central Medical War Committee, or the Scottish Medical Service Emergency Committee, or has been provisionally accepted by the War Office, receives a notice paper calling him up, he should return it to the Recruiting Officer, together with his certificate of enrolment or W.O. letter. The notice will then be cancelled, and the practitioner will remain in reserve until selected for a commission in the Royal Army Medical Corps.

(*b*) If a medical practitioner has attested under the group system, or is in one of the classes under the Military Service Act 1916, but has not enrolled under the scheme of the Central Medical War Committee, or the Scottish Medical Service Emergency Committee, nor been provisionally accepted by the War Office, he will be dealt with in the ordinary course.

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[1] *Enrol* was the term employed in England. It was equivalent to *register*.

Apart from their temporary disturbing effect on the medical profession, the War Office instructions had raised the question of the Committee's obligations to the *Civil Community* in Scotland. Deprived of its initiative in the choice of practitioners for military service, the Committee could no longer accept responsibility for maintaining the general standard of civilian medical attendance. The measure of control still remaining to it, by virtue of the appeals competent to be made by practitioners after receipt of the call-up notice, might give it the power to intervene in individual cases, but the broad supervision which it had exercised was taken out of its hands. The Committee held it essential to preserve the understanding hitherto existing between itself and the War Office, in accordance with which the War Office had agreed to refrain from commissioning any medical man if the Committee considered him irreplaceable in his area.

The Convener[1] of the Committee at a *Conference* at the War Office with the Director General,[2] Army Medical Services, informed the Director General of the feeling of the Committee on the whole position. The Committee did not propose to cease from its activities. On the contrary, it would continue to render to the War Office every assistance in its power. If, however, a medical breakdown occurred in Scotland through the withdrawal by calling-up notices of indispensable practitioners, the Committee would be blameless, and the War Office itself must be held responsible for any untoward results. The output under the new method would in any case be no higher than under the old. If the War Office would inform the Committee of the complement of officers expected from Scotland in order to meet the existing emergency, the Convener was

[1] Dr. Norman Walker. [2] Sir Alfred Keogh.

satisfied that the Committee, if its initiative and control were retained, would at once set out to secure the number required, with every prospect of success.

The Director General informed the Convener that the Army required 900 additional officers. The Convener, subject to confirmation by the Committee, accepted responsibility for one-fifth of the total, that is to say, 180, on the understanding that the War Office would call off its Recruiting Officers and leave the selection of practitioners to the Committee.

Settlement

Returning to Edinburgh the Convener acquainted the Committee of the acceptance which he had given. The Committee concurred, added 20 to Scotland's share, and undertook in ten weeks' time to raise 200 officers in levies of 20 per week. The War Office thereupon cancelled the orders which had been productive of discontent, and the unrest in Scotland gradually subsided. In June 1917 the Committee had to ask the Military Authorities to restrain the zeal of Recruiting Officers, who were again preparing to make a call on practitioners of military age. But in the end the procedure current before 18 April was re-established for a time.

The arrangements of the Central Medical War Committee in England, being necessarily more complex than in Scotland, had suffered a still more serious upheaval; and the Central Committee had on 25 April 1917 represented to the War Office that, failing adjustment, it could not take any further part in the selection of doctors for military service. On 25 April 1917 the Secretary of State for War replied to the Central Committee that the former procedure with regard to the selection of doctors would be continued, and agreed not to give a commission to any doctor except on the recommendation of the Central Committee.

58th General Hospital

One of the Hospitals established overseas in consequence of the German campaign against hospital ships was the 58th General Hospital. Owing to the depletion of the Territorial Hospitals in Scotland difficulty was experienced in supplying it with its full number of officers. The Emergency Committee, by request of the Deputy Director[1] of Medical Services, Scottish Command, nominated practitioners for appointment to the vacant posts.

The further progress and decline of the movement for the mobilization of the medical profession, together with the course of the events which ensued on the issue of the calling-up notices to practitioners of military age, filled the first half-year of 1917. The principal operations of the British armies included in the period were the advance to the Hindenburg Line and the Battles of Arras and Messines 1917, the First and Second Battles of Gaza, the occupation of Baghdad and the Tenth Battle of the Isonzo. Other momentous occurrences of the time were the abdication of the Emperor of Russia, and the declaration of war between the United States of America and the German Government.

[1] Surgeon-General J. C. Culling.

CHAPTER IX

1917. § 2

Employment of Medical Officers: *Criticisms — Conclusion by Emergency Committee—Committee on Medical Establishments in France.*—Draft of Officers.—Review of Exceptions Act, 1917: *Army Medical Boards—Select Committee.*—Ministry of National Service: *C.M.S. Region of Scotland — Advisory Medical Board.* — National Service Medical Boards. — Resumption of Commissions.—Medical Man-power.—Medical Bureaux: *Dundee—Edinburgh.*—Exemptions 1917.—Close of 1917.

Employment of Medical Officers

In the pursuit of its endeavours to secure for the army a sufficient supply of medical officers, the Emergency Committee from time to time had been met by *Criticisms* that the Military Authorities, if they would use their existing medical officers, would have no need to ask for others; and that the Emergency Committee, so long as medical officers already in the army were not turned to account, had no justification for making further calls on civilian practitioners. The contention put forward was usually founded on a stated instance of a medical officer on service either waiting for work, or inadequately employed, or holding an unsuitable medical charge, or engaged on non-medical duty.

The Committee, in frequent communication with the War Office both by correspondence and by interview,

was able to obtain from that Department its observations on the general question and on any particular cases adduced; and on an occasion in 1915, as above[1] narrated, it requested and received a definite official pronouncement which it intimated to the Scottish profession. The Committee accepted on the one hand that the processes of war, as waged, were to some extent wasteful of medical officers, inasmuch as the medical establishments of armies required to be maintained in excess during the times of quiet in order that there might be no shortage in the times of stress. It believed, on the other hand, that many of the stated instances of redundancy were authentic, and capable of remedy; and it had drawn the attention of the War Office to alleged examples of uneconomical use of medical personnel. The Committee's *Conclusion* on the whole subject was that, while certain intervals of comparative idleness for medical officers were inevitable, it should not be impossible for the Military Authorities, with suitable organization, to ensure that most medical men, when employed, were employed on medical duty appropriate to their experience. The Committee was aware—and had informed[2] the profession—that it was the desire of the War Office that suitable medical work should be provided. It appeared, however, that under field conditions there was risk of misappropriation of effort.

Balancing these considerations one with another, the Committee saw no occasion to deviate from its policy of urging upon medical men in Scotland the pressing claims of the Army. It did not disguise that there might be defects in the military machine, but it held that no surmised imperfection should stand between the practitioner and his duty to apply for a commission.

[1] P. 38. [2] Pp. 43 and 44.

The public, however, depending for its information on hearsay and on tales which it could neither verify nor disprove, became first suspicious and then convinced that the Military Department was not making adequate use of the medical practitioners who were being withdrawn from their practices in such numbers. Questions were asked in Parliament, and the feeling generally became so strong that the War Office on 22 August 1917 appointed a Committee entitled the *Committee on Medical Establishments in France*, with a remit to proceed at once to France for the purpose of inquiring into various matters connected with the personnel and administration of the Army Medical Services in that country, and on its return to carry out similar investigations in the United Kingdom. The Chairman of the Committee was a distinguished soldier.[1] Of the six remaining members one was the Convener[2] of the Scottish Medical Service Emergency Committee; and another was a distinguished Scottish surgeon.[3]

The Report of the Committee on Medical Establishments, which was duly presented, was not published by the Army Council. It is understood that the general sense of the Report was favourable to the dispositions of medical personnel made by the Army Authorities in France. Approbation, however, was seasoned with judgment, and certain improvements were suggested. It is believed that the recommendations of the Committee, excepting some regarded as impracticable, were carried out. The Committee on Medical Establishments did not investigate home conditions, which were dealt with by another Committee in 1918.

[1] Sir Francis Howard. [2] Dr. Norman Walker.
[3] Mr. H. J. Stiles

Draft of Officers

Reference has been made to the circumstances under which the Emergency Committee was reinstated in its place as the civilian authority for medical recruiting in Scotland. So reinstated, the Committee proceeded, in accordance with the offer[1] which it had made to the War Office, to call up further practitioners, and was able within the stipulated time to produce the two hundred promised. Pursuing these and similar activities, it renewed for a space that collaboration with the War Office which had dated from the inception of the 1915 Scheme. This tie was now to be formally severed.

Review of Exceptions Act, 1917

The Military Service (Review of Exceptions) Act, 1917, which received the Royal Assent on 5 April 1917, had given power, as already indicated, to review the exception from military service of certain men excepted under the Military Service Acts 1916. The men affected were members of the Territorial Force not suited for foreign service, men who had been discharged from the Navy or Army in consequence of disablement or ill-health, and men who had been previously rejected on any ground. The Army Council, in terms of the Act, called them up for medical re-examination.

The *Army Medical Boards*, which conducted the examinations, were, with or without reason, distrusted. Public confidence was not restored by the creation of Special Appeal Boards, and a *Select Committee*[2] of the House of Commons was appointed to

[1] P. 117.

[2] Select Committee on Military Service (Review of Exceptions) Act, 1917 (Mr. E. Shortt's Committee).

inquire into the working of the Review of Exceptions Act, with special reference to medical re-examination. On 2 August 1917 the Select Committee advised that the whole organization of Recruiting Medical Boards, and of the medical examinations and re-examinations, should be removed from the War Office and placed under civilian control.

Ministry of National Service

The recommendations made by the Select Committee were acted upon by the Government. The Department of National Service, which had been inaugurated in December 1916, was reconstituted under a Minister,[1] entitled Director of National Service, to whom authority was given to control not only the medical aspects of recruiting, but also the whole question of man-power.

On 1 November 1917 the Ministry of National Service assumed effective charge. Its status was civilian. Its Departments included a Medical Department under a Chief Commissioner[2] of Medical Services. The principal object of the Medical Department was the medical examination by National Service Medical Boards of all men of military age called up for such examination under the Military Service Acts. Great Britain was divided into ten areas, known as Regions, of which Scotland was one. Each Region was under a Director[3] of National Service, and in each the Chief Commissioner of Medical Services was represented by a Commissioner of Medical Services, whose function it was to manage and maintain the medical work of his Region.

The creation of the Ministry of National Service terminated the original method of direct communication

[1] Sir Auckland Geddes. [2] Sir James Galloway.
[3] In Scotland, Mr. C. D. Murray.

between the War Office and the Emergency Committee. The Medical Department of the Ministry now became intermediary, being informed by the War Office of the need of the Army for medical officers, and advised by the Emergency Committee of the ability of areas to supply them. In assuming office the Minister agreed to honour existing arrangements between the Committee and the War Office, undertaking in consequence not to call up for service, or sanction the grant of a commission to, any medical man practising in Scotland without reference to the Committee. These changes touched the medical recruiting side of the Committee's work only: its powers as the Central Professional Committee for Scotland were, subject to necessary adjustments, unaffected.

The cordial relations which had subsisted between the Emergency Committee and the War Office continued between the Committee and the Ministry of National Service. At an early period the Committee had expressed to the Minister its readiness to make itself useful in any way in its power under the new arrangements for recruiting; and the Minister, taking the Committee at its word, had invited the Convener[1] of the Committee to the position of *Commissioner of Medical Services* for the Region of Scotland. The Convener left the question of the action which he should adopt entirely in the hands of the Committee, which decided after careful consideration that it would on balance be an advantage if he became Commissioner, provided that he retained the office of Convener. The Minister agreed to these terms, and the Convener accepted appointment. A member of the Committee, who was in the Army but home from overseas sick, was, pending full recovery, placed by the War Office at

[1] Dr. Norman Walker.

the Convener's disposal, in order to assist him at the outset in organizing Scotland under National Service. When the Medical Department of the Ministry was being shaped for the ends which it was to serve, the Emergency Committee was consulted on the proposed arrangements. In order to keep the Medical Department in intimate contact with medical opinion, an *Advisory Medical Board* was formed, being selected from among distinguished medical men on the Professional Committees, or otherwise of high standing. The President[1] of the Royal College of Surgeons, Edinburgh, who was a member of the Emergency Committee, was appointed to membership of the Advisory Medical Board. Through all these channels —but especially through the appointment of the Convener as C.M.S. Scotland—there was close co-operation by the Emergency Committee with the Ministry of National Service.

National Service Medical Boards

A National Service Medical Board under the Medical Department of the Ministry consisted at first of a Chairman and four other members. The Chairman was a whole-time officer of the Ministry, taken over from the Royal Army Medical Corps to act in a civilian capacity. The four other members were civilian medical men, engaged in general or other practice and employed by the Ministry on a part-time footing, a plan which obviated the complete withdrawal of any practitioner from his normal work, and so conserved as far as possible the dwindling medical man-power of the country. The practitioner members of Scottish National Service Medical Boards were medical men of

[1] Mr. J. W. B. Hodsdon.

recognized skill and standing whose names were contained in rosters drawn up by the Emergency Committee for each Board at the request of the Ministry. They were appointed by the Ministry. A man dissatisfied or aggrieved after examination by a Medical Board might appeal to an Appeal Tribunal. The Appeal Tribunal might order his examination by Medical Assessors, who were appointed by the Secretary for Scotland.

Resumption of Commissions

In December 1917 the following circular letter, signed by the Secretary of the Ministry of National Service, was sent to practitioners in Scotland, named by the Emergency Committee to the Ministry:

I am directed to inform you that, with a view to maintaining the required number of Officers in the Royal Army Medical Corps consistently with the least disorganization of medical service throughout the country, it is necessary to call upon all medical practitioners of military age who have resigned, or may resign, their temporary commissions on the expiry of an annual contract on and after October 31st, 1917, to resume their commissions.

This decision has not been arrived at without a very full consideration of the medical needs of the civilian population on the one hand and of the urgent requirements of the Army on the other, as well as of the services which such officers have already rendered. This proposal will not affect the customary privilege which has hitherto been accorded to the profession, of laying any difficulties, which individual practitioners may have in accepting or resuming service, before a Committee of their professional colleagues.

The Minister of National Service therefore urgently requests that you will immediately place yourself in the hands of the appropriate Central Professional Committee in order that within the next fourteen days the Professional Committee may be put in possession of the facts, which will enable it to determine whether your services may again be placed at the disposal of His Majesty's Government.

It was recognized by the profession that the military situation furnished ample ground for the call issued by the Minister. Scottish practitioners, who were requested to place themselves in the hands of the Emergency Committee, appreciated the consideration shown for any difficulty in which they might be placed. The terms of the letter were conform to the undertaking of the Minister not to call up any Scottish practitioner without reference to the Committee.

Medical Man-Power

In connection with a general survey of the man-power resources of the Nation, it was necessary that the Minister of National Service should be provided with an Index showing the physical fitness of medical practitioners of military age in England and Scotland, irrespective of whether they had or had not already served in the Royal Army Medical Corps. The Minister therefore decided that such practitioners should receive notice to attend for examination and grading by National Service Medical Boards. When consulted by the Minister on this decision, the Committee represented that a certain number of practitioners of military age in insular and remote areas of Scotland would find difficulty in making arrangements to attend for examination at a distance and, if found fit when examined, would be unable, owing to local needs, to be withdrawn from civil work. It advised that these practitioners should not receive notices. The Minister concurred, and the notices relating to Scotland were accordingly addressed, as at December 1917, to practitioners in a selected list, prepared by the Committee, from which the names of practitioners situated as described had been excluded.

Medical Bureaux

An account[1] was published during 1917 showing the continuous successful working of *Dundee* Central Bureau which had been inaugurated as an Emergency Medical Service in August 1914. Dundee, prior to the outbreak of war, was numerically under-equipped with general practitioners, and the withdrawal of those who had subsequently joined the Forces had aggravated the initial shortage. Under these conditions the Bureau would appear to have proved itself of special value. The account set forth that the proportion of work per patient was less than in normal times, and referred to the generous provision of accommodation by Dundee Royal Infirmary. It concluded with these words:

> The doctors in Dundee have no doubt as to the economy in the working power of the doctors which has resulted from the establishment of the service.

In consequence of the reduction which had taken place in the medical strength of *Edinburgh*, it was decided by local organizations in 1917 that centres should be set up for medical purposes. Emergency Bureaux were established in the city, each with two practitioners in attendance. Consultations were given and messages received in respect of insured persons.

Exemptions 1917

Of the 107 claims for the exemption of practitioners from military service which were dealt with by the Emergency Committee during 1917, two were put forward by Local Tribunals and the remainder by practitioners whose names were included in the Com-

[1] Dr. R. C. Buist in *British Medical Journal*, 1917, vol. i. Supplement, p. 134.

mittee's War Register. Of the 107 practitioners, 30 were in the Glasgow Division, 17 in Lanark, 8 in Renfrew and Bute, 7 in Dundee, 6 in Ayr, 5 each in Edinburgh and Leith and the Lothians, 4 each in Aberdeen, Dumbarton, Fife and Perth, 3 in Dumfries and Galloway, 2 each in Caithness and Sutherland, Stirling and Zetland, and 1 each in Argyll, Banff, Elgin and Nairn, Ross and Cromarty and the South-East.

Fifty-six of the 107 applicants were exempted, one absolutely, 49 conditionally and 6 temporarily. Exemption was refused to 51.

During 1917 certain changes of personnel were experienced by the Emergency Committee. A practitioner[1] resident in Musselburgh was appointed to the vacancy created by the death of the former Chairman[2] of the Scottish Committee of the British Medical Association. The President[3] of the Scottish Association of Medical Women was co-opted to membership of the Committee. It was resolved that the President[4] of the Royal College of Surgeons, Edinburgh, on the expiry of the term of his Presidency and therefore of his ex-officio membership of the Committee, should, in view of the value of his services to the Committee, become a co-opted member.

On 8 December 1917 the Convener[5] of the Emergency Committee submitted to the Committee that his tenure of the appointment of Commissioner of Medical Services for the Region of Scotland in the Ministry of National Service, in which capacity it would be his duty, where necessary, to enforce the provisions of the Military Service Acts against medical practitioners of military age, rendered it undesirable that he should at the same time continue to hold the position of Chairman of the Central Professional Committee for Scotland, which adjudicated on claims advanced by practitioners for exemption from the statutory provisions referred to. He therefore tendered his resignation of the Chairmanship of the Central Professional Committee, which the Committee, on the

[1] Dr. A. D. R. Thomson. [2] Dr. J. R. Hamilton.
[3] Dr. Laura S. Sandeman. [4] Mr. J. W. B. Hodsdon.
[5] Dr. Norman Walker.

advice of its Legal Assessor, accepted. The ex-President[1] of the Royal College of Surgeons, Edinburgh, co-opted to membership of the Emergency Committee as at 18 October 1917, was elected Chairman of the Central Professional Committee for Scotland. The Convener remained Convener of the Emergency Committee.

Close of 1917

The year 1917 saw the Emergency Committee detached from its intimate association with the War Office, and linked, but not fettered, for administrative purposes, to the Ministry of National Service, which fully accepted the status of the Committee as a voluntary and independent body. The Committee computed that at the close of the year—by which time the Cambrai operations of 1917 were concluded, the twelfth Battle of the Isonzo was past and Jerusalem had been taken — Scotland had contributed to His Majesty's Forces about 2200 medical men.

[1] Mr. J. W. B. Hodsdon.

CHAPTER X

1918. § 1

Medical Vacancies: *Local Government Board.*—Military Service Act 1918. — Central Professional Committee for Scotland. —Exemptions 1918. — German Offensive 1918. Resumption of Commissions.— Medical Policy. — Military Service (No. 2) Act 1918: *Lay Community—Medical Men.*—Medical Practitioners Regulations 1918: *Medical Tribunal for Scotland — Procedure of Medical Tribunal.* — Two Claims on Profession: *Military—Civilian.*—Military Age.—Approved Civilian Service: *Relation to Substitutionary Medical Practice—Relation to Non-medical Military Service.*—Situation Reviewed: *Substitution by Transfer.*—1918 Scheme: Inauguration—*Eighth Memorandum—Reconstitution of War Committees.*—1918 Scheme: Operation.—*Medical Examination and Grading — New War Register — Groups of Practitioners—Substitute Practice.*—Financial Guarantees.— Call of Grade I. Practitioners.—1918 Scheme: Out-put.— Armistice.

Medical Vacancies

It had been a principal object of the Emergency Committee, from its origination, to safeguard the home interests of serving medical officers by trying to keep their Civil Practices in being during their absence. This end was sought to be promoted by the aid of neighbouring practitioners, or by the employment of locum tenentes under bond not to start independent work in the locality. As the war continued, however, and the depletion of areas increased, openings were created in a number of districts where unestablished

medical men might settle. In certain cases such a settlement might be proper enough; in others it would have been opposed to the general welfare and unjust to officers with the Army. The Committee in 1918 caused intimation to be made that no doctor should set up practice in Scotland without previous consultation with it.

Medical posts in the Public Services, vacated by officers on duty with the Forces, were filled at first on a provisional basis by the Local or other Authorities concerned; but with the lapse of time a tendency developed to make such appointments substantive. Especially in the case of new posts, or posts finally relinquished for any cause, the temptation to Authorities to make permanent settlements was strong, despite the fact that this course was inconsiderate of serving officers who might otherwise have been suitable candidates. The Committee deprecated procedure on these lines, and was opposed in particular to permanent appointments being given to practitioners of military age, unless in special circumstances. Early in 1918, by its Convener, it placed its views before the *Local Government Board* for Scotland as the Central Department most influential in the matter.

The Local Government Board were cordial to the representations made. The question of temporary public appointments had already engaged their attention. Prior to the war, grants in aid of the salaries of medical officers appointed by Local Authorities to certain posts had not been sanctioned by the Board unless on a permanent footing. Under war conditions, however, the Board had decided that this plan should be departed from, as not being in the public interest, since it held out inducements to Authorities to make permanent appointments from an abnormally limited

field. The Board had accordingly announced by Circular of March 1915 that contributions would be paid in the case of interim appointments for such period as the Board might sanction.

The Board were prepared to take such further steps as might be competent for them, in order to secure that medical officers serving with the Army should not be prejudiced during their absence, in respect of posts for which, on their return to civil life, they might be held eligible.

Military Service Act 1918

The Military Service Act 1918, which received the Royal Assent on 6 February 1918, was an Act to provide for the cancellation of certificates of exemption from military service granted on occupational grounds. Subject to its provisions it gave power to the Minister of National Service to withdraw any such certificate at any time by Order. The operation of the Act greatly augmented the work of the Ministry of National Service, especially in the examination of coal miners, munition workers, and other classes now called up for military service, and made correspondingly increased demands on the practitioners of the country, who manned the National Service Medical Boards. The Emergency Committee co-operated with the Ministry in arranging for the additional Boards required, while making at the same time reasonable allowance for the needs of medical practice.

Central Professional Committee for Scotland

Under the Military Service (Professional Committees Regulations) Order[1] of 1916, and the Amending

[1] P. 84.

Order[1] of 1917, the appointment of a Central Professional Committee for Scotland was by approval of the Army Council, and the Emergency Committee held office as the Central Professional Committee for Scotland under the recognition of that body. Owing to the transference to the Ministry of National Service, under the Ministry of National Service Order 1917, of certain of the powers and duties of the Army Council, the Military Service (Professional Committees Regulations) Orders of 1916 and 1917 were no longer applicable, and an adjustment of the position of the Central Professional Committees was required. The necessary adjustment was made by the Military Service (Professional Committees Regulations) Order 1918, dated 22 March 1918, which placed the appointment of a Central Professional Committee for Scotland under the approval of the Minister of National Service, and empowered the Minister to approve as the Central Professional Committee for Scotland any existing Professional Committee which had been recognized and approved by the Army Council. The Minister recognized the Emergency Committee as the Central Professional Committee for Scotland, conveying his recognition to the Committee by letter of 25 March 1918.

Exemptions: 1918

Between 1 January and 18 April 1918 the Committee disposed of 23 claims for the exemption of practitioners from military service. None of the claims was submitted by a Local Tribunal to the Committee as the

[1] *The Military Service* (*Professional Committees Regulations*) *Amendment Order* 1917, which permitted an increase of membership above 25, allowed sectional sittings and empowered the election of a vice-chairman.

Central Professional Committee for Scotland; all were advanced in respect of practitioners registered in the Committee's War Register, and were dealt with by the Committee as the Emergency Committee. Seven of the applications were derived from Glasgow, 6 each from Edinburgh and Leith and Lanark, and 1 each from Ayr, Dumbarton, Dundee and the Lothians. Six of the practitioners received conditional exemption, and 3, who were duly qualified medical practitioners engaged in the practice of dentistry, were referred to the Dental Service Sub-Committee, appointed by the Minister of National Service. To 14 practitioners exemption was denied.

German Offensive: 1918

The German offensive in Picardy began on 21 March 1918, and the British Armies, facing it with stubborn heroism, sustained heavy casualties. The treatment and disposal of large numbers of wounded made exacting demands on the Royal Army Medical Corps, itself suffering from many losses. On 22 March the Ministry of National Service advised the Emergency Committee that there was urgent need for medical reinforcements, and the Committee at once called up 50 practitioners from Scotland.

Resumption of Commissions

On 27 March the Ministry intimated to the Committee that all practitioners who had relinquished medical commissions during the war and who could, in the opinion of the Committee, be spared from civilian practice should be requested to report at the War Office for service at the earliest possible date. The Committee immediately

notified those Scottish practitioners who were eligible under the conditions stated, urging that they should straightway render the assistance which the Armies in France had need of. Out of 15 practitioners notified, 9 were posted in April 1918, 2 in July and 1 in August. Three do not appear to have reported for service.

Practitioners volunteering at this hour of special crisis, as distinguished from the practitioners circularized[1] by the Ministry of National Service in December 1917, were accepted on the understanding that they would not necessarily be held as contracting under the current Terms of Service.[2] Their engagements would be subject to review, either on personal grounds or in consideration of local requirements, at the end of the special crisis or in six months' time at the latest; and they would then, if possible, be released. They would not, however, assume that they had received an unconditional promise of release. If the Ministry of National Service, after consultation with the Emergency Committee, should come to the conclusion that the situation warranted an extension of their military service, they would remain for a further period in the Army. The offer to take medical officers on emergency terms was open in Scotland for thirteen days. It was withdrawn as from 9 April 1918, the day on which Germany turned aside to deliver an offensive in Flanders.

Medical Policy

By means of a Military Service Bill now in course of preparation it was the purpose of the Government to call upon the medical profession of the country to serve in the Army at a higher age than laymen, and, under given conditions, to carry on civilian practice, when and

[1] P. 126. [2] P. 113.

where directed. On 5 April 1918, before the Bill had been presented to Parliament, the Ministry of National Service invited the opinion of the Emergency Committee on the medical aspects and policy of the Bill. The views of the Committee on points placed before it were as undernoted:

The Committee agreed with the Ministry that, in the event of many practitioners hitherto exempt on the ground of age being made liable to military service, the policy of the Government in utilizing them should be directed to two main objects, (1) to set free the young and fit for service as medical officers in the Forces, and (2) to maintain the efficiency of the medical care required for the civilian population. It had been the practice of the Committee itself, throughout its existence, to act in accordance with this policy.

With regard to the methods by which it might be possible to provide for both military and civilian work, the Committee was averse to the commissioning of practitioners as military medical officers, to be redistributed under orders by the military authorities for the purpose of undertaking military service together with such civilian medical practice as might be thought expedient. It favoured, on the contrary, a plan of agreed action by the medical men concerned, with a view to co-operation and substitution, subject to any compulsory powers to be furnished by the Bill.

The Committee concurred with the Ministry that, as the medical problem for the Government was the proper distribution of the medical personnel of the country, the establishment of substitutionary medical practice appeared to be unavoidable.

The Committee was of opinion that in all cases of substitutionary medical practice there should be a guarantee against financial loss to the practitioner acting as substitute. Such a guarantee would materially lessen the difficulties which had so far stood in the way of effective substitution.

Asked by the Ministry whether it would be possible, in areas where there were known to be numbers of young practitioners fit for general service, rapidly to establish a scheme of co-operative or organized rearrangement of civilian medical practice having for its object the liberation of the young practitioners for the Army, the Committee said that such a scheme could be made a success if

it received the support of the medical profession in the area in which it was set up.

The Committee suggested to the Ministry that legislative provision should be made for dealing with medical practitioners whose applications for commissions in His Majesty's Forces had been rejected on grounds of health or on other considerations, or whose commissions had been terminated by discharge. It should be so enacted that practitioners in these groups should be at the disposal of the Professional Committees in order that they might be held liable to render such civilian medical services as might be considered within their power. The Committee was satisfied that the services which could be so rendered would be of considerable value, since many of the practitioners in question were capable of doing a full day's civil work.

The foregoing expressions by the Committee were general pronouncements on a Bill which was expected to apply to the whole of Great Britain, and possibly Ireland. In Scotland, so far at least as military service was concerned, the great majority of suitable practitioners, irrespective of age, were either already in the Army, or were, in terms of their War Registration, awaiting the summons to serve.

Military Service (No. 2) Act 1918

The Military Service (No. 2) Act 1918, which was passed on 18 April of that year, made certain provisions for the military service of the lay community, and certain differential provisions for the medical profession.

For the *Lay Community* it was laid down by Section 1 (1) that every British male subject who had at any time since 14 August 1915 been, or who for the time being was, in Great Britain, and who at 18 April 1918 was between the ages of 18 and 50 inclusive, or who at any subsequent date attained the age of 18 was, subject to exceptions, as from 18 April 1918 or subsequent appropriate date, deemed to have been duly

enlisted in His Majesty's regular forces for general service with the colours, or in the reserve for the period of the war, and to have been forthwith transferred to the reserve.

For men generally, or any class of men, the military age by Order in Council might be raised to any age up to and including 55 (Section 1 (1), proviso (*a*)).

His Majesty might, by Proclamation declaring that a national emergency had arisen, direct the withdrawa of certificates of exemption, with certain specified exceptions (Section 3 (1)).

The Secretary for Scotland might make regulations for the constitution of tribunals to receive applications for or relating to certificates of exemption, including appeals, and for the establishment of special tribunals, committees or panels for dealing with particular classes of cases (Section 4 (1)).

Every man exempted by a tribunal after 30 April 1918, unless the tribunal otherwise directed, was liable, under prescribed conditions, to join the Volunteer Force and remain an effective member of that Force during the currency of his certificate of exemption (Section 4 (6)).

The differential provisions for *Medical Men* hinged on Section 1 (1) proviso (*b*), by which the medical military age was fixed as up to and including 55, as contrasted with 50 for men generally. While the additional burden, or part of it, might be imposed on the layman by Order in Council—which required to be placed in draft before each House of Parliament, and which might only be submitted to His Majesty if each House presented an address to His Majesty praying that the Order might be made—a duly qualified medical practitioner was directly liable under the Act.

Medical Practitioners Regulations 1918

The medical profession, thus disjoined by the Act from the general body of citizens, formed one of the particular classes of cases to be dealt with by specia' tribunals, and the Secretary for Scotland,[1] as empowered by Section 4 (1)(*b*) of the Act, proceeded accordingly to make regulations, which were submitted in draft to the Emergency Committee and generally approved. The Military Service (Medical Practitioners) Regulations, 1918, replacing as from 23 May 1918, the Military Service (Professional Committees Regulations) Order 1918,[2] prescribed that there should be a special tribunal for Scotland, entitled the Medical Tribunal, for dealing with applications for the granting, renewal or review of certificates of exemption to practitioners in Scotland.

The Medical Tribunal was to consist of members representative of the medical profession, appointed by the profession in a manner approved by the Director General of National Service. Any existing Professional Committee, recognized under the Military Service (Professional Committees Regulations) Order 1918, might, if the Director General of National Service so decided, be a Medical Tribunal.

The Director General[3] of National Service, by letter of 19 June 1918, conveyed to the Emergency Committee his decision to constitute the Emergency Committee—recognized by him by letter dated 25 March 1918 under the Military Service (Professional Committees Regulations) Order, 1918—as the *Medical Tribunal for Scotland.* The Convener[4] of the Emergency Committee was appointed Chairman of the Medical Tribunal.

[1] The Right Hon. Robert Munro.
[2] P. 134.
[3] Sir Auckland Geddes.
[4] Dr. Norman Walker.

He was still Scottish Commissioner of Medical Services in the Ministry of National Service, but in the changed circumstances he agreed to accept office. The Regius Professor[1] of the Practice of Medicine of the University of Glasgow was appointed Vice-Chairman of the Tribunal; and the Secretary[2] of the Emergency Committee, Clerk.

The *Procedure* of the *Medical Tribunal* for Scotland was prescribed by the Medical Practitioners Regulations to be substantially as follows:

Subject to the Regulations, an application to the Medical Tribunal for a certificate of exemption might be made by a medical practitioner himself or in respect of him, but if made by some other person on his behalf might not be entertained by the Tribunal unless the practitioner joined in the application.

By Regulation 13 an application for exemption might be made to the Medical Tribunal on any of the following grounds:

(*a*) On the ground that it was expedient in the national interests that the practitioner should, instead of being employed in military service, be engaged in other work in which he was habitually engaged, or in which he wished to be engaged, or if he was being educated or trained for any work, that he should continue to be so educated or trained.

(*b*) On the ground that serious hardship would ensue if the practitioner were called up for Army Service, owing to his exceptional financial or business obligations or domestic position.

(*c*) On the ground of ill-health or infirmity.

(*d*) On the ground of a conscientious objection to the undertaking of combatant military service.

Ground (*a*) was defined as the occupational ground, and grounds (*b*), (*c*) and (*d*) as personal grounds. The occupational ground and the first two personal grounds, but not the ground of conscientious objection, had been due to be considered by the Emergency Committee as the Central Professional Committee for Scotland.

By Regulation 17 an application for exemption might not be entertained by the Medical Tribunal until after the dispatch to the practitioner concerned of an individual notification by the

[1] Prof. T. K. Monro. [2] Mr. T. H. Graham.

Director General of National Service, specifying the time for making the application.

By Regulation 24 a certificate of exemption granted by the Medical Tribunal might be absolute, conditional or temporary. A certificate granted on occupational grounds was required to be subject to the condition that the practitioner should undertake such professional service, and under such conditions, as the Director General of National Service might, after consultation with the Medical Tribunal and in concert with any Government Department concerned, from time to time deem best in the national interests. The same condition might, in the discretion of the Tribunal, be applied to a certificate granted on personal grounds.

By Regulation 25 it was competent to the Medical Tribunal to direct that an exempted practitioner should not be liable to join the Volunteer Force.

In occupational cases, by Regulation 29, the decision of the Medical Tribunal was final. In personal cases the Medical Tribunal might give leave of appeal to the Central Tribunal. The decision of the Medical Tribunal with regard to leave of appeal was final.

The Regulations in general applied to voluntary attested practitioners, and practitioners registered in the War Register of the Emergency Committee, as well as to other practitioners.

Two Claims on Profession

Thus the Military Service (No. 2) Act 1918 and the Medical Practitioners Regulations, taken together, made two claims on the medical profession, each of which went beyond what was exacted from the general body of citizens. The *military* claim was for service up to 55, instead of 50; this was a difference in degree. The *civilian* claim introduced a new provision, that of vocational control; this was a difference in principle. On the other hand, the concession made by the War Office in 1915, and renewed under the Military Service Act 1916 (Session 2), that medical destinies should be

under medical charge, was continued and extended by the appointment of a Medical Tribunal for Scotland to deal with all claims by medical men.

Military Age

The military claim for five added years was viewed askance by a few Scottish practitioners. Before the Bill became law two resolutions had been adopted by medical men in Edinburgh, disapproving of the apparent intention of the Government to treat the profession on a different age-footing from other classes. An Edinburgh correspondent[1] writing to the medical press in May 1918 suggested that it would have been better, as involving less strain on the profession, if the War Office had offered commissions for a limited period to practitioners up to 60 or 65. Another Edinburgh correspondent[2] writing at the same time, maintained that it would have been wiser to refrain altogether from fixing an age-limit as applied to doctors. But the attitude of Scottish practitioners in general was unconcerned. To most the age of compulsory military service was of no practical interest. They had long since registered with the Emergency Committee their willingness to join the Army; and up to 55—or any higher age—they held themselves in readiness, whenever called upon, to fulfil their undertaking.

There was some speculation whether the claim for five added years injured medical prestige. One of the correspondents referred to above looked upon it as a slight. To a medical Member of Parliament,[3] speaking in the House of Commons, it seemed an honour. The Emergency Committee in its Eighth Memorandum[4]

[1] *British Medical Journal*, 1918, i. p. 520.
[2] *Ibid.*
[3] Sir W. Watson Cheyne.
[4] P. 149.

thought the new provision honourable. The question, which was essentially one of feeling, was not to be settled by argument. It was disposed of, in so far as it was possible to dispose of it, by the following words of the President[1] of the General Medical Council, spoken in May 1918:

> The particular mode of meeting the situation, now adopted by Parliament, may not be that which all would favour. But we shall do well to accept it as an honour that, as we are held capable of a unique form of service to the State, so we are charged with a heavier responsibility than others.

Approved Civilian Service

The civilian claim, for such approved civilian medical service as the Director General of National Service might deem best, was discussed, in the medical press and elsewhere, as a form of vocational compulsion. It is true that it involved the application to civilian practitioners under prescribed conditions of a measure of vocational control. Strictly, however, it was not compulsion, since it could not be enforced.

If a practitioner, being called for military service, was prepared to join the Army, no question of his rendering approved civilian service could arise. If, on the contrary, being called up, he applied to the Medical Tribunal for exemption on occupational grounds, he received exemption only on the condition that he undertook approved civilian service. To an exemption on personal grounds also the same condition might be attached. If, being exempted on the condition indicated, he failed to comply with the condition, his exemption lapsed and he again became subject to military service under the Military Service Acts. But

[1] Sir Donald MacAlister.

he could not be compelled to give approved civilian service. He had the Army as an alternative.

Military service under the Acts was general service with the colours. A practitioner called to serve could not demand as of right, and expect to receive, a commission in the Royal Army Medical Corps. He might be posted to any unit as a private soldier. In the view of the Ministry of National Service, expressed in a statement[1] of May 1918, it could no longer be said, in the existing national emergency, that the service of doctors could not economically be utilized in the Armed Forces in other than a medical capacity, and that doctors not required in the Army in that capacity must therefore always be retained in civil practice. If some of the doctors in a particular district could in fact be spared without substantial detriment to the population of that district, it might be that such of them as were not needed for commissioned medical service in any of the Armed Forces could better serve the country at the existing juncture in some non-medical capacity in the Army than by continuance in the civil work in which they were engaged at the time.

It was to be presumed that the Government, being so minded, in dealing with a practitioner called to military service as surplus to the needs of his area, would, if he did not receive a medical commission, expect him to serve without one. While, therefore, it was open to any practitioner who had a general antipathy to approved civilian service, or who found himself set to some disliked civilian task, to turn to the Army for refuge, he would take this course with a clear understanding that he might be consigned to the ranks.

[1] Ministry of National Service. *Statement to Members of the Medical Profession.* M.N.S.R. 61.

Approved civilian service included, and was for most purposes equivalent to, *Substitutionary Medical Practice* undertaken with the view of liberating for military service young and fit practitioners who were otherwise indispensable in their districts. It was rated by the Ministry of National Service, in the official Memorandum, as intermediate in national importance between commissioned medical service in the Royal Army Medical Corps and non-medical military service by practitioners. Its utility had been recognized before this time by the Emergency Committee, which had described the coming forward of older practitioners to free their juniors for the Army as vicarious military service.[1] The Committee had concurred[2] with the Ministry in regarding substitute practice as a necessary factor in any scheme of medical reorganization which might now be projected under the stress of war.

On the subject of *Non-medical Military Service* by practitioners, however, the Committee did not share the views of the Ministry. The Committee had previously[3] had the question under notice and had come to the conclusion that, while the posting of a medical practitioner to the ranks might be warranted in some cases as a penal measure, it had at the same time the grave defect that it deprived a civil area of its doctor without adding a medical officer to the Army. To this conclusion, so far as its own territory was concerned, the Committee still adhered, believing that over Scotland generally, owing to the reduction of medical man-power, the public interest would be better served by permitting practitioners to carry on their own practices than by forcing them into the ranks of the Army. The fact that non-commissioned service could be demanded in the last resort might be utilized as a compulsitor in

[1] P. 34. [2] P. 137. [3] Pp. 78 and 114.

special cases where there was a special duty to undertake substitute practice.[1]

Situation Reviewed

The Committee in the past, proceeding on a voluntary plan, had succeeded in equipping the Fighting Forces with Scotland's full share of medical officers. It had every confidence still, that, continuing on a voluntary plan, it would once more be able to meet the requirements of the Army. Its War Register contained the promise of every suitable Scottish practitioner that he would take a commission when offered. Substitutionary arrangements, in the increasing stringency, would present a more serious problem, but with the co-operation of its War Committees and of the profession the Committee believed that such arrangements could be adequately made.

Practitioners were by this time well accustomed to local substitution in the conduct of vacated practices by neighbouring colleagues in the same area. *Substitution by Transfer* of a medical man from one area to another was a new expedient. It would as a rule require to be put in operation for the relief of country practices involving attendance on insured persons under the National Insurance Acts, and it was on that account

[1] This paragraph conveys the collective feeling of the Emergency Committee on various points arising in connection with the somewhat difficult subject of non-medical military service. At the Annual Representative Meeting of the British Medical Association held in London in July 1918, Dr. John Stevens, a Member of the Emergency Committee, moved, as an amendment, that no medical man should be conscribed into the ranks unless he had refused to take a commission. The amendment, which was seconded and discussed, was lost.

regarded with disfavour by Scottish practitioners, not engaged in Insurance practice, who were opposed to the contract basis of the current Medical Benefit arrangements. The Committee noted the point at issue and its bearing on the problem of the hour.

To the Scottish profession as a whole substitution by transfer was not attractive ; it was the *prosaic duty* of the Committee's Second Memorandum,[1] as contrasted with service in the field ; the Committee, however, felt assured that, when the need was realized, practitioners would resign themselves to be transferred, and that the Committee itself, if entrusted with the task, would be able to procure from among the profession, especially in the large towns, a sufficiency of substitutes for all purposes.

1918 Scheme: Inauguration

To achieve this object the Committee desired to act on a selective plan, calling up practitioners, some of whom would pass into the Army, while others, seeking and receiving exemption, would undertake the duty of approved civilian service. It appeared to the Committee that a Scheme of personal selection would be better suited to Scotland than the more comprehensive methods to be adopted in England.[2] At a meeting of the Committee on 13 May 1918, at which were present the Chief Commissioner[3] of Medical Services of the Ministry of National Service, the Commissioner[4] of Medical Services, Region of Scotland, the Director[5]

[1] P. 20.

[2] The *Standard Exemption* under the English procedure, and the *Certificate of Protection*, identical in terms and effect with it, were not current in Scotland.

[3] Sir James Galloway. [4] Dr. Norman Walker.

[5] Mr. C. D. Murray.

of National Service, Region of Scotland and a representative[1] of the Secretary for Scotland, the Chief Commissioner indicated to the Committee that it was intended to leave the selection of doctors for the Forces in the Committee's hands. The Committee in these circumstances approached the Ministry with proposals for its 1918 Scheme under which the Committee would be responsible for the recruiting of the medical profession in Scotland, for both military and civil purposes. The Scheme was approved by the Ministry.

As a preliminary step to the 1918 Scheme the Committee issued to the members of the medical profession in Scotland its *Eighth Memorandum*, of date 22 May 1918, on the *Reconstitution of War Committees.* The Memorandum recalled the changes which had taken place in the position of the Emergency Committee, War Committees and the profession since 1915 when War Committees came into being. It referred to the passing of the Military Service (No. 2) Act 1918, and to the extension of the age of compulsory military service for lay citizens to 50, and for medical men—thus honourably placed on the right of the line—to 55, as well as to the question of civil substitution, raised by the Medical Practitioners Regulations. And it proceeded:

> In 1915, when local medical War Committees were first appointed, the position was, as already noted, different from that now existing, and it cannot be assumed that the Committees then chosen will be the best for present requirements. Yet the work which falls to be carried out in the immediate future by these Committees will be most exacting and most important, and before they proceed to take it up it is essential to ensure that they are, beyond question, fully representative of the professional interests in their areas. Committees at this juncture therefore

[1] Mr. A. H. B. Constable.

should go back to their constituents, and should be reconstituted in such a manner as to make it certain, in the light of the present crisis, that all local shades of opinion which need representation have in fact been represented. This is the view of the Minister of National Service, with whom the Emergency Committee as a portion of the war machine now works in co-operation.

The Secretary of the local medical War Committee of your area has accordingly been instructed to call a meeting of the whole profession in your area in order to reconstitute the local medical War Committee along the lines above suggested. . . . It is your duty to attend.

The local War Committees of important and populous Divisions were reconstituted in terms of the Memorandum. In the more sparsely inhabited Divisions no change of personnel was necessary or practicable.

1918 Scheme: Operation

The first step in the Scheme proper was the *Medical Examination and Grading* of medical practitioners of military age under the Military Service (No. 2) Act 1918. The examinations were carried out by Special Medical Boards of the Ministry of National Service, working under arrangements intended to obviate unnecessary delay or inconvenience for those called up to be examined. Practitioners who had already presented themselves for examination by ordinary National Service Medical Boards were not, except in special circumstances, required to be re-examined. Any practitioner dissatisfied with his grading by a Medical Board of the Ministry might apply to an Appeal Tribunal[1] for permission to be medically examined by the Medical Assessors. On the right of appeal of a medical practitioner on a question of grading there were no prescribed restrictions like those laid down

[1] P. 126.

by Regulation 29 of the Medical Practitioners Regulations with regard to a decision of the Medical Tribunal on an application for exemption from Military service.

The Committee, in accordance with an understanding arrived at with the Ministry of National Service, proceeded to rewrite and in some respects to elaborate its War Register begun to be compiled at the close of 1915. The *New War Register* exhibited for every Scottish practitioner his name, age, medical qualification and date, address, area, medical class, details of civil work, physical grade, war service record and other relevant particulars.

On the basis of the New War Register the Committee divided Scottish practitioners not already in the Fighting Forces into three *Groups* with respect to their age and circumstances. In the matter of age the dividing line was the upper limit of the medical military age as determined by the Military Service (No. 2) Act 1918. In the matter of circumstances—regarding which the Committee consulted the War Committees concerned—the criterion was the standard of local depletion in its relation to the estimated utility of the practitioner as a medical officer in the Army or as a transferable substitute for civilian work. The three groups were as noted hereunder.

GROUP A.—Practitioners up to, and including 55: able to be spared and deemed likely to be useful as medical officers or civilian substitutes. Eligible under the Scheme.

GROUP B.—Practitioners up to, and including 55: unable to be spared or deemed unlikely to be useful as medical officers or civilian substitutes. Ineligible under the Scheme.

GROUP C.—Practitioners over 55: not liable to military service. Ineligible under the Scheme.

The Committee resolved that calls to service should be issued to practitioners in Group A. only,

and notified the Ministry of National Service to that effect.

The position of practitioners under the 1918 Scheme with respect to *Substitute Practice* was kept in mind by the Committee. By the Medical Practitioners Regulations the duty of civilian service enjoined by the Medical Tribunal as a condition of exemption on occupational grounds was not open to appeal; but, in order that every consideration might be extended to practitioners with regard to the class of civilian service which they might be instructed to render, the Committee adopted a resolution that, in the event of a practitioner who had been granted temporary exemption on occupational grounds being subsequently called upon for service of any kind, he would be afforded an opportunity of stating his circumstances to the Committee if he so desired. The Committee confidently expected that any arrangements for transfer which might be necessary would be able to be made by voluntary agreement.

Financial Guarantees

The Committee had already expressed its opinion that the provision of financial guarantees to practitioners called upon to undertake substitute practice was a proper condition of any scheme involving approved civilian service. The question, in relation to the Committee's 1918 Scheme, was the subject of a meeting between the Committee and the Liaison Officer[1] of the Ministry of National Service, who placed before the Committee a scale of payments for substitutes, ensuring to them in general a rate of remuneration equivalent to that of officers in the Royal

[1] Mr. S. P. Vivian.

Army Medical Corps. The Treasury was disposed to cover liabilities where the fees derived from a practice did not provide a sufficient sum to meet the approved rate. The Lords Commissioners stipulated, however, that the standard arrangement should only come into force where the two practitioners were unable to come to any private arrangement, and they laid down the further condition that the introduction of substitutes should, in the first instance, and for some considerable time, be practically limited to the case of practices of considerable magnitude, the receipts from which should suffice to defray the proposed remuneration of the substitute, without recourse to the Exchequer guarantee.

While the Emergency Committee was favourably impressed by the Liaison Officer's scale of payments, it considered that the limitation of the Treasury guarantee to practices yielding a substantial return should not be made applicable to Scotland, since most of the Scottish practices for which transferred substitutes would be required were country practices in the remoter areas and therefore comparatively unremunerative. The point, however, was left in suspense as the scale of payments was not put to the test of experience.

Call of Grade I. Practitioners

By the first week of June 1918 the main German offensives in Picardy, Flanders and Champagne had been checked. The War Office now required to provide for the medical casualties of the impending general British advance, though the losses incurred by the Royal Army Medical Corps during the enemy offensives had not yet been repaired. The special need was for

medical officers physically fit, graded in Grade I.[1] by National Service Medical Boards.

On 29 June 1918 the Emergency Committee received a communication from the Ministry of National Service inquiring whether the Committee would be able to produce at least 50 Grade I. men, of age 45 or under, before the end of the year. The Committee answered in the affirmative, and proceeded in conference with War Committees to make assessments on Divisions which would produce a total of 50 practitioners belonging to Group A. of the Scheme, of the grade and age specified. The conditions as to grade, age and grouping narrowed the range of selection, and War Committees reported difficulty in making adjustments with a view to release. Three members[2] of the Emergency Committee, including the Convener, interviewed the Chief Commissioner[3] of Medical Services in London on the position. They drew his attention to the hindrances occasioned by the requirements as to grade and age, and to the desirability of demobilizing low category medical officers in order to facilitate the release of Grade I. practitioners from civilian work. On the former point the Chief Commissioner was unable to hold out hopes of concession; on the latter point he informed the delegation that their representation would be given effect to.

In July 1918 the Committee accepted with regret the resignation from its membership, on health grounds, of the then Chairman[4] of the Scottish Committee of the British Medical Association. It co-opted to membership the Vice-Chairman[1] of the Scottish Com-

[1] Grade I. men were men who attained the normal standard of health and strength, and were capable of enduring physical exertion suitable to their age.

[2] Prof. H. H. Littlejohn, Prof. Robert Muir, Dr. Norman Walker.

[3] Sir James Galloway.

[4] Dr. John Adams.

mittee, together with a member [2] of the Scottish Committee resident in Bothwell. The co-opted Medical Officer [3] of the Scottish Insurance Commission having been for some time on military service, the Committee approved the appointment of the remaining Medical Officer [4] of the Commission, who had made many visits at the Committee's request regarding the circumstances of practitioners, to the office of Visitor. On the representation of the Secretary for Scotland [5] the Committee agreed to invite to all meetings of the Medical Tribunal for Scotland the Medical Member [6] of the Local Government Board for Scotland and the Special Commissioner [7] of the Board of Control, in order that they might act as assessors in matters affecting their respective Departments.

The Committee resumed its negotiations with War Committees and reached a settlement. In the course of September it approved, and passed to the Commissioner of Medical Services for the Region of Scotland in the Ministry of National Service a list containing the names of 50 Grade I. and Group A. practitioners of age 45 or under. Of the 50 practitioners 2 were private practitioners, 37 Insurance practitioners, 1 a consultant, 4 whole-time officials, 4 of the dental and retired class and 2 unestablished. Each of the 50 received from the Scottish Commissioner an individual notification,[8] pursuant to Regulation 17 of the Medical Practitioners Regulations, to the effect that any original application for the grant of a certificate of exemption must be made to the Medical Tribunal on or before the fourteenth day from the date of notification.

Of the practitioners notified 11 did not exercise their Tribunal rights and so became liable for military service in or outwith the Royal Army Medical Corps

[1] Dr. J. R. Drever.
[2] Dr. John Goff, in lieu of Dr. G. C. Anderson now on military service.
[3] Dr. J. R. Currie.
[4] Dr. G. M. Cullen.
[5] The Right Hon. Robert Munro.
[6] Dr. W. Leslie Mackenzie.
[7] Dr. John Macpherson.
[8] Appendix X.

and with or without commissions. Had the fighting continued they would have been recommended by the Committee for commissions in the Royal Army Medical Corps.

The remaining 39 applied to the Committee, as the Medical Tribunal for Scotland, to be exempted from military service. Of the 39 applicants, 20 were granted temporary exemption on occupational grounds, and were therefore liable to undertake approved civilian service as the Minister of National Service might deem best. Four medical practitioners who practised dentistry were referred to the Scottish Dental Tribunal, appointed by the Minister of National Service. One case was outstanding on 24 October 1918, the date of the last meeting of the Medical Tribunal for Scotland. To 14 applicants exemption was refused.

The 50 Grade I. practitioners were selected by the Committee as the Emergency Committee, notified as to their Tribunal rights by the Scottish Commissioner of Medical Services who was the Convener of the Emergency Committee, and, in respect of those who applied for exemption, adjudicated upon by the Committee as the Medical Tribunal for Scotland.

The figures are summarized hereunder:

	Available for Military Service.	Available for Civilian Service.	Others.
Exemption not applied for	11	...	...
Exemption applied for :—			
Granted . . .	...	20	...
Refused . . .	14	...	...
Referred and Outstanding . .	...	...	5
Totals . .	25	20	5

1918 Scheme: Output

Thus the 1918 Scheme created a reserve of 45 Scottish practitioners, available to render public service when requested. Twenty-five—of whom 11 had not sought exemption and 14 had been denied it—would have been destined, had the fighting continued, to receive commissions in the Royal Army Medical Corps. Twenty would have been due to act as substitutes in civilian practice, either locally or by transfer, for other practitioners called to the Army.

Judged by earlier standards these results were meagre. But the 1918 Scheme did not come to full maturity. It was cut short by the general cessation of hostilities.

Armistice

The Advance to Victory by the British Armies on the Western Front opened in Champagne on 20 July with the Battles of the Marne 1918. The advance in Picardy began on 8 August with the Battle of Amiens, and was continued by the Second Battles of the Somme 1918. By 12 October the Hindenburg Line of the German defence had been broken. The final British advance, in Flanders, Artois and Picardy, began on 28 September with the Battle of Ypres 1918, and closed with the Capture of Mons on 11 November.

On 30 September the Bulgarian Army had laid down its arms. Turkey had surrendered on 30 October and Austria-Hungary on 3 November. On 11 November 1918 German delegates accepted the terms of an armistice imposed by the Allied Plenipotentiary,[1] with whom was associated the British First Sea Lord,[2] and

[1] Marshal F. Foch.

[2] Sir Rosslyn Wemyss.

hostilities ceased on the Western Front at 11 a.m. on that day.

The New War Register of the Emergency Committee showed that when the Armistice was granted to Germany 2349 Scottish civilian practitioners[1] were serving, or had served, in the Navy, Army, or Air Force.[2]

[1] P. 188.

[2] The Air Force had been established under the *Air Force (Constitution) Act* 1917, passed on 29 November 1917.

CHAPTER XI

1918. § 2

Demobilization Period: *Inter-departmental Committee of Medical Services.*—First Demobilization Conference.—Demobilization Scheme.—Close of 1918.

Demobilization Period

THOUGH the general armistice brought to a necessary close the work of the Emergency Committee as a medical recruiting agency, the Committee had still its duty to the civil community and to medical practitioners on service. During the period of demobilization, which now began, it concerned itself with the medical needs of the most depleted areas and with the personal claims of medical officers, as grounds for priority of release.

The *Inter-departmental Committee of Medical Services* set up by the Ministry of National Service for the purpose of considering questions involved in the provision of the necessary numbers of medical officers for the Forces, consistently with the maintenance of adequate medical provision for the civilian population, had been approved by the War Cabinet in October 1918 for the supervision of the demobilization of all medical officers serving with His Majesty's Forces.

First Demobilization Conference

On 11 November 1918 the Inter-departmental Committee met in London. There attended from Scotland,

by invitation, the Convener[1] and Secretary[2] of the Scottish Medical Service Emergency Committee, the Medical Member[3] of the Scottish Local Government Board and the Deputy Chairman[4] of the Scottish Insurance Commission. There were present also the Medical Director General of the Navy, the Director General of Army Medical Services, the Medical Director of the Air Force, representatives of the Ministry of National Service, the English Local Government Board, the English Insurance Commission and others. It was agreed at the meeting that there should be in Scotland a demobilization scheme, under the supervision of the Emergency Committee, in accordance with which the Emergency Committee would collect and send to the Ministry of National Service, for transmission to the departments concerned, the names of practitioners for demobilization arranged in the following order of priority of release.

On public grounds:

(1) Practitioners drawn from communities where the shortage of medical service was most severe;

(2) Practitioners in the public services, including those employed in, or attached to, hospitals and infirmaries;

(3) Practitioners on the staff of teaching schools of medicine;

On personal grounds:

(4) Practitioners having claims on the ground of long military service; and

(5) Practitioners having claims on the ground of personal hardship.

Demobilization Scheme

The Convener of the Emergency Committee undertook that the Committee would take charge as agreed at the

[1] Dr. Norman Walker.
[2] Mr. T. H. Graham.
[3] Dr. W. Leslie Mackenzie.
[4] Dr. John C. M'Vail.

meeting. The representatives of the Scottish Local Government Board and the Scottish Insurance Commission expressed their concurrence. Returning to Scotland, the Convener visited War Committees, explained to them the demobilization scheme, and noted at each meeting the names of practitioners whose return to civil work was most urgently demanded. Public intimation was made of the arrangements proposed, and the Scottish Local Government Board, the Scottish Insurance Commission, the Board of Control, the Universities, Managers of Hospitals and Infirmaries, County, Town and Parish Councils and others sent in to the Emergency Committee, as the demobilization authority, the names of the practitioners whose services they most required.

Acting on its knowledge of local conditions and on the representations made by local War Committees and the Departments and Bodies above enumerated, the Committee, between 14 November and 31 December 1918, forwarded to the Ministry of National Service lists containing the names of 188 practitioners in the classes (1), (2) and (3) above, desired to be released from military service on public grounds. The localities concerned, and the number of practitioners desired on behalf of each, were as follows:

Glasgow 32, Edinburgh 24, Aberdeen 8, Dundee 7, Dumfries and Paisley each 4, Dumbarton, Dunfermline, Hamilton, Leith, Lenzie and Port Glasgow each 3, Ayr, Elgin, Falkirk, Gourock, Greenock, Kilmarnock, Kirkcaldy, Lanark, Perth, Prestwick and Wishaw each 2, and Alexandria, Alloa, Annan, Arbroath, Ardersier, Armadale (West Lothian), Auchterarder, Banff, Barrhead, Beauly, Beith, Blantyre, Bothwell, Brechin, Burntisland, Cambuslang, Cardenden, Castle Douglas, Chryston, Coldstream, Crocketford, Cupar-Fife, Denny, Douglas, Dunblane, Dunkeld, Duns, Forfar, Fraserburgh, Galashiels, Giffnock, Glenluce, Haddington, Houston, Innerleithen, Irvine, Jedburgh, Johnstone, Kilwinning,

Kirkliston, Kirkwall, Lairg, Langholm, Leslie, Lochgilphead, Melrose, Millport, Moniaive, Morven, Munlochy, Nairn, North Berwick, Newburgh (Aberdeen), New Deer, Oban, Overtown, Portsoy, Renfrew, Rothesay, Rutherglen, Stevenston, Stirling, Stonehouse, Taynuilt, Thornton (Fife), Tiree, Whitburn, Wigtown and Winchburgh each 1.

Most of the Officers so recommended by the Committee for release were urgently needed at home owing to the epidemic prevalence in Scotland at this time of a fatal type of influenza. There was, however, great destitution among the civil population in the recently occupied regions of France and Belgium, and numbers of Medical Officers with the British armies in these areas were required for the work of relief. The consequence was a temporary check to medical demobilization. Nevertheless, by the close of the year, progress had been made.

In November 1918 the Emergency Committee co-opted to membership the Medical Member[1] of the Local Government Board for Scotland and a medical practitioner[2] resident in Aberdeen. In December 1918 the late Dean[3] of the Faculty of Medicine of Edinburgh University, who, in consequence of his resignation of the Deanship, had ceased from ex-officio membership of the Committee, became by invitation of the Committee, which highly appreciated his services, a co-opted member.

Close of 1918

The year 1918 experienced the coming into operation of two Military Service Acts. Under the latter of these, special claims were made upon the medical profession and the Emergency Committee was recognized as the Medical Tribunal for Scotland. In the course of the year the Committee initiated its 1918 Recruiting Scheme,

[1] Dr. W. Leslie Mackenzie. [2] Dr. George Williamson.
[3] Prof. H. H. Littlejohn.

which was closed by the general Armistice. After the Armistice the Committee devoted itself to the demobilization of Scottish medical officers on grounds of public interest. Throughout the year the Committee remained in official relations with the Ministry of National Service.

CHAPTER XII

1919

Second Demobilization Conference.—Demobilization en masse: *Established Practitioners.*—Ministry of National Service: Termination—*Decision of Committee to Continue in Office as Emergency Committee—War Office—Admiralty.*—Direct Relations Resumed: *Nominated Scottish Practitioners.*—Priority Releases.—Close of 1919: *Dissolution of Emergency Committee.*

THE Emergency Committee continued to send to the Ministry of National Service lists of practitioners for release on public grounds, and by 25 January 1919 had made enough recommendations to raise the civil medical service of Scotland to 80 per cent. of pre-war strength.

It now felt that it might properly nominate cases of long war-service and personal hardship, and it requested the War Committees to prepare and transmit to it lists of the absentees from their districts, who were qualified for consideration on these grounds, arranged in order of priority.

Second Demobilization Conference

But on 24 February 1919, at a meeting in London of the Inter-departmental Committee of Medical Services, which was attended by the Secretary[1] of the Emergency Committee—the Convener and several other members being ill at the time with influenza—the announcement

[1] Mr. T. H. Graham.

was made that the Director General of Army Medical Services had received instructions from the Secretary of State for War to release medical officers from the Army as and when they became surplus to requirements. From the Army point of view, it was explained, the release of officers by nomination for priority had been found impracticable. The new plan of mass demobilization would liberate practitioners in batches of 400 to 500.

Demobilization en masse

The Emergency Committee perceived that mass demobilization could take no account of age, length of service and civil needs. Some depleted areas would perforce remain short-handed. Territorial officers and other practitioners who had left established practices to join the Army would be liable to be retained with the Forces, while recent graduates, who had no settled occupation, would be freed. Older practitioners, who had remained at home, and who, under the weight of years, had been looking forward to the early return of their assistants or partners, would be called upon for a further term of endurance. The Committee, at the same time, appreciated the military complications involved in demobilization by priority. Many of the officers recommended, or due to be recommended, by the Committee were in Base Hospitals holding important charges. Others were in distant theatres of war or attached to scattered posts in occupied country nearer home. They could only be freed by the provision of substitutes, who might themselves in turn be nominated for release.

These things being so, the Committee considered that a certain measure of priority of release should be combined with the mass demobilization. It desired

in particular to secure this concession for *Established Practitioners*, that is to say, practitioners established before the war as general practitioners or as teachers in medical schools, together with a few younger practitioners who, though not themselves established, were urgently required as assistants to general practitioners. It proceeded, therefore, to forward to the Ministry of National Service—for favourable notice by the War Office—a series of lists which would ultimately include all practitioners of the classes referred to.

On 22 March 1919 the Committee lost by death another of its original members, formerly Vice-Chairman [1] of the Scottish Committee of the British Medical Association, who, although residing at a distance from Edinburgh and busy with other duties, regularly attended the meetings of the Committee, to the Committee's profit.

Ministry of National Service: Termination

In the course of March it was made known that the Ministry of National Service was approaching the close of its tenure of office. The duties of the Committee, as advisory to the Ministry, would terminate simultaneously. These changes modified the Committee's position in certain respects, but they could not affect its general responsibilities towards the civil community and the medical profession, which it had accepted in 1914 as the Emergency Committee, and had reaffirmed in subsequent years. The Scottish public now regarded the Committee as the proper authority for dealing with grievances occasioned by the shortage of doctors. The personal interest which the Committee had been allowed to take in the affairs of Scottish medical men placed upon it a compelling duty to keep on trying to do what

[1] Dr. John Gordon.

it could in the work of their demobilization. With the general practitioners of the country it had a special concern. They could not, like doctors in the Public Services, look to corporate bodies to speak for them. Meeting on 19 March 1919, the Committee resolved that it would continue in office as the Emergency Committee.

This *Decision* of the Emergency Committee was intimated by one[1] of its members to the Central Medical War Committee at a Conference held in London on 21 March. A few days later the Emergency Committee received a letter from the *War Office* expressing the hope that the Committee would forward its lists of nominees for release direct to the War Office, so reviving the association between the Committee and the War Office which had necessarily been in abeyance since November 1917. The Committee was approached by the *Admiralty* also, desiring to be informed at the earliest possible moment whether the Committee would be prepared to carry on its functions with regard to the demobilization of Officers for civil purposes. On 31 March 1919 the Ministry of National Service, with which the Committee had been on terms of cordiality, and in which the Convener of the Committee had held office, came to an end.

Direct Relations Resumed

On 1 April the Committee resumed direct touch with the naval and military authorities. Though demobilization en masse ensued as ordered, the priority lists submitted by the Committee were kept in view by the War Office, which made every effort to free the officers named, especially those serving in France. Considerable numbers of the Committee's nominees obtained

[1] Dr. John C. M'Vail.

release in April. May, however, was less productive. On 24 May 1919 the position was as follows:

NOMINATED SCOTTISH PRACTITIONERS

Nominated for release up to 31 March 1919 . . .	594
Released up to 24 May 1919	403
Outstanding at 24 May 1919	191

These figures were submitted to the Director General[1] of Army Medical Services in London by a delegation[2] of the Committee. The delegation pressed upon the Director General the claims of established practitioners, and urged the expediency of a proposal already mooted, namely, the granting of medical commissions to young graduates in order to free older men from service. The Director General stated in reply that he was bound by the instruction[3] to demobilize en masse, but that he was prepared, as heretofore, to give every attention to the urgent cases. The Committee's suggestion as to recent graduates was given effect to. It failed, however, to provide the increase of personnel desired.

Priority Releases

From June 1919 onwards the Committee concentrated on the cases of practitioners qualified for consideration by long service or personal hardship. Many had joined the Forces at various crises of the war on the Committee's suggestion or advice. To those who had thus entrusted themselves to its hands it was conscious of a definite obligation, which it endeavoured to discharge by urging on the War Office their claims to early

[1] Sir T. H. J. C. Goodwin.

[2] Prof. H. H. Littlejohn, Mr. J. W. B. Hodsdon, Dr. John C. M'Vail, Dr. Norman Walker.

[3] P. 165.

liberation. The Committee's representations were, as far as possible, accepted by the military authorities, and a number of Scottish officers asked for at various times continued to be set free.

Pari passu with priority releases, general demobilization was proceeding. It freed automatically a proportion of the practitioners included in the priority lists of the Committee, and in this respect was of medical value. It tended on the other hand to injure the prospects of priority cases still on service, as the general reduction of the forces decreased the total number of officers and accentuated the difficulty experienced by the War Office in providing reliefs for nominees.

There followed in consequence a progressive diminution in priority releases. At last, on 25 November 1919, the Assistant Director General[1] of Army Medical Services wrote as follows to the Convener[2] of the Emergency Committee:

> . . . The General Officers Commanding-in-Chief all Expeditionary Forces and Commands have embodied in a roster the names of all medical officers who desire early release, and . . . the names have been arranged in the order of priority decided after consideration of the claims of individuals as represented by the officers themselves.
>
> This order is adhered to as far as possible in releasing medical officers, and I am therefore to say that it is regretted that no further orders regarding the release of individuals can be issued from this Office.
>
> I am finally to say that in cases of extreme hardship the facts may be brought to the notice of the General Officer Commanding-in-Chief, when the case of the individual officer will receive consideration and his position on the roster be amended accordingly.

These sentences presaged the close of the Committee's association with the work of medical demobilization,

[1] Sir E. Worthington. [2] Dr. Norman Walker.

but it is proper to record that the War Office proved better than its word, and ordered two releases in December at the Committee's request.

Close of 1919

Partly in virtue of the Committee's applications for release by priority, partly as a result of the mass demobilization which had restored many officers to civil life, the number of Scottish practitioners remaining in the Army, for whom the Committee was responsible, had by December 1919 been brought to a figure, which, although not capable of being ascertained with precision, was believed to be unsubstantial. As touching the practitioners still on service, the military authorities, owing to the progressive reduction of establishments, had been forced to prescribe that future releases must conform strictly to military procedure, and could no longer be influenced by those civil considerations which were now the sole remaining concern of the Emergency Committee.

There was no further service which the Committee could render. It took the view that it was *rude donatus*, and entitled to quit the arena. It *dissolved* accordingly as at 31 December 1919.

Termination of War: 1921

At Buckingham Palace, on 10 August 1921, ratifications of treaties of peace with Germany, Austria, Hungary and Bulgaria having been deposited, His Majesty in Council ordered that 31 August 1921 should be treated as the date of the termination of the war, the relations between His Majesty and the Ottoman Empire remaining unaffected.

CHAPTER XIII

GENERAL

Voluntary Principle.—Composition of Emergency Committee.—Medical Duty in War-time.

THE particular transactions of the years 1914 to 1919 being recounted, it is proposed in two concluding chapters to consider certain questions of general interest. Chapter XIII. will treat of the principle which guided the work of medical recruiting in Scotland during the recent war, and of the steps by which the range of professional duty became formulated. Chapter XIV. will be concerned, among other topics, with the changes in the total strength and distribution of Scottish civilian practitioners, with the number who died and the number who served, and with the extent of the denudation which took place in civil medical practice owing to war conditions.

Voluntary Principle

The original sanction for the existence of the Emergency Committee to meet immediate difficulties in medical practice was derived from a resolution of the First Medical Conference.[1] The selection by the then Chairman of the Scottish Committee of the British Medical Association of the persons to attend the Con-

[1] P. 5.

ference, though wholly judicious, was arbitrary. The resolution could only take effect in so far as it might be agreed by the general body of Scottish practitioners. The Committee, however, on setting to work was well received by the profession.

The sanction for the enlargement of the Committee's field by the inclusion of medical recruiting was drawn indirectly from the Second Medical Conference[1] which closely resembled the First Conference in the manner of its calling together. The resolution of the Second Conference, that there should be a medical recruiting campaign, became operative through the action taken by the Scottish Committee of the British Medical Association, which, having started the movement, expressed a desire to hand on its charge to the Emergency Committee. The Emergency Committee, after ascertaining that the War Office would welcome its co-operation, inaugurated its 1915 Recruiting Scheme, the sanction for which was thus derived by a form of delegation from an arbitrarily selected body, and could only, as before, become valid through the consent of practitioners. Employing the organization of the British Medical Association the Committee asked that War Committees should be appointed, in the areas of Divisions, to be its local outposts. The appointments were immediately made. Acting through its War Committees, it issued to the profession a series of calls to service. The drafts required came cheerfully forward. It was clear to the Committee that in its recruiting work it had the support of the Scottish profession.

The Committee's 1916 Recruiting Scheme, which was the medical section in Scotland of Lord Derby's Scheme, was announced on the same plan as the 1915 Scheme.

[1] P. 25.

The response of the profession was again satisfactory. Every Scottish practitioner from whom any service could reasonably be expected registered himself with the Committee as ready to undertake the duty, whether military or civilian, appropriate to his age. The functions of the Committee under the Scheme as a Tribunal for Medical Purposes were exercised at the instance of those who had already expressed their willingness to serve. Prior to, and during, the 1916 Scheme, up to the operation of the Military Service Act 1916 of Session 1, every transaction of the Committee, in its relations with the medical profession, was on a voluntary basis.

Under the Military Service Act 1916 (Session 2) the Committee attained a statutory position. It became a Professional Committee for dealing with claims for exemption from military service by medical practitioners referred to it by Local Tribunals. In the main, however, with little modification, it continued in its voluntary courses, calling to service those practitioners who had registered in its War Register and granting postponement, under the name of exemption, to such as could not be freed from civil employment.

The voluntary principle was endangered in April 1917 by the action of the War Office in issuing a general calling-up notice to practitioners of military age. The Committee, however, made an adjustment with the War Office, and matters were restored to a voluntary footing. The position so established was fully recognized by the Minister of National Service with whom the Committee came into official relations in November 1917.

In June 1918, under the Military Service (No. 2) Act 1918, the Committee was constituted the Medical Tribunal for Scotland, and, as such, exercised the

powers entrusted to it by the Military Service (Medical Practitioners) Regulations 1918. But the Committee's 1918 Scheme, which received the approval of the Ministry of National Service, was founded on voluntary lines, since practitioners called to service in terms of the Regulations had already expressed their willingness to serve by registering with the Committee.

Thus the voluntary principle, and the voluntary status of the Committee, survived in substance to the date of the Armistice. That the voluntary method would have sufficed to provide for the redistribution of the civil work of the profession, as would have been necessary had the war continued, is on the whole unlikely. That it supplied with some completeness Scotland's share of Medical Officers from 1914 to 1918 is borne out by this narrative. That a Committee which was composed of medical men, and which for the purpose of its principal activities had no electoral machinery, no formal constitution and no statutory or chartered authority, but derived its sanction solely from the tacit or expressed approval of the medical profession, should have been accepted by Departments of State and by the Scottish people as competent to meet the medical requirements of the Fighting Forces during the national struggle, is evidence of the confidence reposed in the profession by the general public, which must be presumed to have taken the view that no lay body could exact more from the profession in war-time than the profession was prepared to exact from itself.

Composition of Emergency Committee

Having regard to the recognition accorded to the Committee as representative of the profession, the

question of its composition is of more than personal interest. As a professional Committee its number was prescribed at first to lie between 12 and 25 inclusive. A later Order permitted an increase. The names of its original 15 members are indicated[1] in Chapter I., but its original composition was altered during its tenure, as the following list reveals.

EX-OFFICIO MEMBERS

P.R.C.P.E.—Dr. J. J. Graham Brown, succeeded by Dr. A. H. F. Barbour, succeeded by Prof. William Russell, succeeded by Sir Robert W. Philip.

P.R.C.S.E.—Prof. Francis M. Caird, succeeded by Mr. J. W. B. Hodsdon, succeeded by Dr. R. McKenzie Johnston, succeeded by Dr. George Mackay.

P.R.F.P.S.G.—Dr. John Barlow, succeeded by Dr. Ebenezer Duncan, succeeded by Dr. A. Freeland Fergus.

University of St. Andrews—Prof. J. A. C. Kynoch.

University of Glasgow—Prof. D. Noël Paton, succeeded by Prof. T. H. Bryce.

University of Aberdeen.—Prof. J. T. Cash, succeeded by Prof. Theodore Shennan.

Edinburgh University.—Prof. H. H. Littlejohn, succeeded by Prof. J. Lorrain Smith.

ELECTED MEMBERS

Dr. John Adams, Glasgow: Vice-Chairman, Scottish Committee, B.M.A. Member 1914–18.

Dr. G. C. Anderson, Methil: Secretary, Fife Branch, B.M.A. Member 1914–16 and 1919.

Dr. John Gordon, Aberdeen: President, Aberdeen Branch, B.M.A. Elected 1914. *Died* 1919.

Dr. J. R. Hamilton, Hawick: Chairman, Scottish Committee, B.M.A. Elected 1914. *Died* 1916.

Dr. John C. M'Vail, Edinburgh: Deputy Chairman, Scottish Insurance Commission. Member 1914–19.

Dr. John Playfair, Edinburgh: President, Medical Guild. Member 1914–19.

[1] P. 6.

Dr. JOHN STEVENS, Edinburgh: Secretary, Edinburgh Branch, B.M.A. Member 1914–19.

Dr. NORMAN WALKER, Edinburgh: Direct Representative for Scotland, General Medical Council. *Convener* 1914–19.

CO-OPTED MEMBERS

Dr. J. R. CURRIE, Edinburgh: Scottish Insurance Commission. Member 1914–15 and 1919.

Prof. ROBERT MUIR, Glasgow: University of Glasgow. Member 1915–19.

Prof. T. K. MONRO, Glasgow: University of Glasgow. Member 1915–19.

Dr. A. D. R. THOMSON, Musselburgh, B.M.A. Member 1917–19.

Dr. LAURA S. SANDEMAN, Aberdeen, Scottish Medical Women, 1917: succeeded by Mrs. BEATRICE RUSSELL, Edinburgh.

Mr. J. W. B. HODSDON, Edinburgh: ex-President R.C.S.E. Member 1917–19.

Dr. J. R. DREVER, Glasgow: Scottish Committee, B.M.A. Member 1918–19.

Dr. JOHN GOFF, Bothwell: Scottish Committee, B.M.A. Member 1918–19.

Dr. W. LESLIE MACKENZIE, Edinburgh: Local Government Board for Scotland. Member 1918–19.

Dr. GEORGE WILLIAMSON, Aberdeen. Member 1918–19.

Prof. H. H. LITTLEJOHN, Edinburgh: ex-Dean of Medical Faculty, Edinburgh University. Member 1918–19.

Legal Assessor: Sheriff J. A. FLEMING, Vice-Dean, Faculty of Advocates. 1916–19.

Visitor: Dr. G. M. CULLEN: Scottish Insurance Commission. 1918–19.

Secretary: Mr. T. H. GRAHAM, Librarian, R.C.P.E., and later Branch Registrar for Scotland under General Medical Council. 1914–19.

The 23 members of the Committee on 31 December 1919, the date of its dissolution, were:

Dr. G. C. ANDERSON, London: Deputy Medical Secretary, B.M.A., formerly *Methil*.

Prof. T. H. BRYCE, University of Glasgow.

*Dr. J. R. Currie, Scottish Board of Health.
*Dr. J. R. Drever, Edinburgh: Scottish Medical Secretary, B.M.A., formerly *Glasgow*.
Dr. A. Freeland Fergus, Glasgow, R.F.P.S.G.
Dr. John Goff, Bothwell, B.M.A.
*Mr. J. W. B. Hodsdon (now Sir James Hodsdon), Edinburgh.
Prof. J. A. C. Kynoch, University of St. Andrews.
*Prof. H. H. Littlejohn, Edinburgh.
Dr. George Mackay, Edinburgh, R.C.S.E.
Sir Leslie Mackenzie, Scottish Board of Health.
*Dr. John C. M'Vail, Scottish Board of Health.
*Prof. T. K. Monro, University of Glasgow.
*Prof. Robert Muir, University of Glasgow.
Sir Robert W. Philip, Edinburgh R.C.P.E.
*Dr. John Playfair, Edinburgh, Medical Guild.
Mrs. Beatrice Russell, Edinburgh.
Prof. Theodore Shennan, University of Aberdeen.
Prof. J. Lorrain Smith, Edinburgh University.
*Dr. John Stevens, Edinburgh, B.M.A.
Dr. A. D. R. Thomson, Musselburgh, B.M.A.
*Dr. Norman Walker, Edinburgh, *Convener*.
Dr. George Williamson, Aberdeen.

*Member of Executive Sub-Committee.

The 23 members may be divided geographically into those representing the North, East and West of Scotland, the North being demarcated by the River Forth and its estuary, and the East separated from the West by a line drawn south from Stirling. Of the 23 members 4 were of the North, 13 of the East and 6 of the West. The preponderance of the East was due to two principal causes, *first* the presence in Edinburgh of three of the seven Scottish Schools of Medicine, and *second* the fact that, when the Committee was formed, Edinburgh practitioners were intentionally selected as being conveniently available for meetings to be held in the Royal College of Physicians. Later the inequality was adjusted to some extent by co-opting members from the West. The interests of the West

were competently secured by the Western representatives.

Every member of the Committee was registered in the Committee's War Register as prepared to undertake the service appropriate to his age.[1]

Medical Duty in War-Time

Though the voluntary principle, owing to the circumstance that the Committee's War Register was begun during the period of voluntary enlistment, inspired the policy of the Committee in its subsequent relations with the profession, the statutory position of the profession itself underwent during the war a far-reaching process of change.

Up to the appointed dates of the Military Service Acts 1916 the medical man joined the Forces as a free agent in the eye of the Law. He had no constraint other than his own sense of duty, or the general opinion of his fellows that every practitioner who was able to loose himself from the ties of civil employment ought to apply for His Majesty's Commission. After these dates, subject to specified safeguards, he was, if of military age, under compulsion to serve. By the Military Service (No. 2) Act 1918 he was liable to serve at a higher age than laymen.

By the Medical Practitioners Regulations made under the Military Service (No. 2) Act 1918, a medical practi-

[1] Eight members of the Committee held His Majesty's Commission: Lt.-Col. John Barlow, R.A.M.C. (T.); Lt.-Col. Robert Muir, R.A.M.C. (T.); Major J. W. B. Hodsdon, R.A.M.C. (T.); Major H. H. Littlejohn, O.T.C.; Major T. K. Monro, R.A.M.C. (T.); Major A. Freeland Fergus, R.A.M.C. (T.); Captain G. C. Anderson, R.A.M.C. (Temporary Commission), and another. Captain Anderson served in Egypt and Palestine; the other in France and Italy. Mr. T. H. Graham, Secretary, who made six attempts to enlist, was rejected by the Army for visual defect.

tioner who sought and obtained exemption from military service on occupational grounds, or in some cases on personal grounds, came under the requirement to render controlled civilian service. This last was not actual compulsion, since it could not be enforced against a practitioner who elected to serve in the ranks of the Army, but in the majority of cases, in view of the nature of the alternative, it would have had the effect of a compulsitor. The application of the Dilemma as an instrument for procuring controlled civilian service conveyed a suggestion of indirectness, and was adversely criticized in consequence by members of the profession. It may be presumed that the method adopted was intended to operate as the equivalent of compulsion, or else as the initial step towards direct legislation placing civilian service on the profession as a general obligation.

It would thus appear that, finding expression in a military enactment of the war, the principle became established that this Country, when belligerent, may properly require from its medical men national services both greater in extent and different in quality from those due by its lay citizens. It may claim medical men for the Forces at a higher age. It may expect them, under conditions, to take part in civilian work. Both these provisions were covered by views stated in course of the mobilization movement by representative professional bodies, though not in the end accepted by all. Since both provisions, during the recent war, came late in the course of hostilities, neither was put to full trial. There can, however, be no doubt that, had the fighting continued, and had the additional duties been fully imposed, medical men would have risen to the occasion, as in the past, and acquitted themselves with credit.

CHAPTER XIV

GENERAL

War-changes: *New War Register.* — Medical Strength: 11 November 1918.—Medical Distribution: 11 November 1918.—Deaths of Practitioners—Practitioners who Served.—Denudation in Civil Practice.—Pressure of Civil Work.—Further Denudation.—How Sleep the Brave.—Acknowledgments.—Conclusion.

War Changes

THE principal record open to the writer for the purpose of ascertaining the changes which took place in the number and distribution of the civilian medical profession in Scotland during, or as a result of, the war was the *New War Register* prepared by the Emergency Committee in the course of 1918. This compilation included all practitioners, whether surviving or dead, reported to the Committee as medically domiciled in Scotland on or after 1 August 1914.

Deaths of practitioners intimated to the Committee were checked by comparison with the notices of deaths of practitioners received, and made accessible to the writer, by the Registrar[1] of the Branch Council for Scotland under the General Medical Council. The Branch Registrar's notices supplied information with regard to both service and civil deaths. Service deaths were further confirmed from Official Lists, and from a Roll of Honour accompanying the Report of the Pro-

[1] Mr. T. H. Graham, Secretary of Emergency Committee.

ceedings of the Clinical and Scientific Meeting of the British Medical Association held in 1919.

It is not claimed that the Committee's New War Register is correct to a unit; as will appear, it reveals anomalies. Further, the majority of the practitioners named in the Local Register[1] for Scotland of the General Medical Council are not medically domiciled in Scotland, and in the case of those dying during the war the information supplied sometimes left the question of domicile undecided. The Official Lists of Officers dying and the Roll of Honour of the British Medical Association covered a wider field than Scotland, and the attempt had to be made to identify Scottish practitioners by collating these returns with the Local Register. This part of the work was carried out by the staff of the Branch Registrar. Founded on these data, many of which required careful interpretation before use, the succeeding Tables are subject to limitations; and had there been any assurance of particulars such as they contain becoming available from other quarters, the writer might have felt it his duty to leave to some more dexterous hand the task of setting forth the position of the Scottish profession at the close of hostilities. In the absence of such assurance the Tables may assume the merit of being the best obtainable in the mean time. They are presented accordingly.

Medical Strength; 11 November 1918

The number of civilian medical practitioners, in civil life and on service, medically domiciled in Scotland on Armistice Day is shown in column 3 of Table XII. As compared with the figure of column 2 of Table XII. for 1 August 1914—which is reproduced from Table I.—

[1] P. 7.

private practitioners show a decrease of 34, of whom the larger proportion had died,[1] while some had retired from practice or left the country. Insurance practitioners had fallen from 1796 to 1612, a loss of 184, of whom most had died, while others had retired from practice or resigned from the panel. Consultants

TABLE XII

CLASSIFICATION OF SCOTTISH CIVILIAN PRACTITIONERS LIVING 11 NOVEMBER 1918

1	2	3	4
	Living 1 August 1914.	Living 11 November 1918.	Loss or Gain 1914 to 1918.
Private Practitioners . .	376	342	−34
Insurance Practitioners . .	1796	1612	−184
Consultants	248	230	−18
Whole-time Officials . .	514	374	−140
Dental and Retired Practitioners	269	307	+38
Unestablished Practitioners .	619	1416	+797
TOTAL . .	3822	4281	+459

were less by 18, of whom the majority were dead. The figures of these three classes may be regarded as near to accuracy.

Whole-time officials had declined from 514 to 374, a difference of 140, which is not explained by the 16 deaths recorded for this group. The view is taken that a number of whole-time officials included in the count of the British Medical Association, who were in temporary addresses in 1914, had joined the Navy or Army from these addresses before the Committee compiled its First

[1] Table XIV., p. 187.

War Register, and so were either untraced or merged in other classes. The accretion of 38 dental and retired practitioners is probably genuine, despite 70 deaths. The abnormal increase of the unestablished by 797 is partly authentic owing to the fact that young Scottish graduates and licentiates, who would in peace have entered general practice or taken whole-time civil appointments, passed direct into the Fighting Forces as unestablished practitioners. The increase is on the other hand believed to be partly fictitious since certain young graduates and licentiates, not belonging to Scotland but trained in Scottish medical schools, who would under ordinary conditions have returned at once to their country of origin, joined the Navy or Army, immediately on graduation or licence, from addresses in Scottish University towns, and so figured in the Committee's War Register as medically domiciled in Scotland.

The total number of civilian practitioners medically domiciled in Scotland on 1 August 1914, according to the count reproduced in column 2 of Table XII., was 3822. Had this number increased between that date and 11 November 1918 at the same rate as the total number of practitioners registered in the Local Scottish Register of the General Medical Council, the total number medically domiciled in Scotland on 11 November 1918 would have approximated to 4011. The number recorded in the Committee's new War Register and stated in column 3 of Table XII. is 4281, representing an excess of 270. The apparent increase is to be explained as an inflation of the Committee's Register, principally due to the inclusion of the unestablished practitioners not belonging to Scotland.

While Table XII. exhibits over the period of hostilities a clear diminution in the numbers of private,

insurance and consultant practitioners, its information on the remaining classes and on the total strength of the civilian profession as affected by the war is in some respects inconclusive.

Medical Distribution: 11 November 1918

The distribution of medical personnel among Divisions of the British Medical Association, together with the estimated population of each Division on Armistice Day, is set out in Table XIII. The populations, supplied to the writer by favour of the Registrar General[1] for Scotland, are the arithmetical mean between estimates prepared for, and used in, the Annual Report of the Registrar General for Scotland for 1918, and figures derived from a statement of revised rationing statistics dated October 1919. The resulting numbers are put forward as approximate only, being probably overstated in some Divisions and understated in others. General[2] Practitioners in the Table include private and insurance practitioners, and Other[3] Practitioners the remaining classes.

A comparison of Table XIII., dated 11 November 1918, with Table II., dated 1 August 1914, reveals a reduction in the total number of General Practitioners from 2172 to 1954. A corresponding decrease is observed in all Divisions except Perth, which exhibits an accession of 9, and Zetland, which shows no change. The total number of Other Practitioners has risen from 1650 to 2327. All the Divisions share this ascent. The total increase for practitioners of all classes, which is shown by Table XII., may be traced also in the total figures of Table XIII. for all Divisions but Ross and Cromarty and Stirling.

[1] Dr. J. C. Dunlop. [2] Footnote 3, p. 9. [3] Footnote 4, p. 9.

TABLE XIII

Distribution of Scottish Civilian Practitioners Living 11 November 1918.

1	2	3	4	5
Division.	Estimated Population 11 November 1918.	Medical Personnel.		
		General Practitioners.	Other Practitioners.	Total.
Aberdeen	344,753	145	236	381
Argyll	60,572	51	27	78
Ayr	269,652	103	81	184
Banff, Elgin and Nairn	105,774	52	53	105
Caithness and Sutherland	47,626	25	17	42
Dumbarton	147,536	50	52	102
Dumfries and Galloway	135,224	71	66	137
Dundee	274,075	92	106	198
Edinburgh and Leith	409,586	189	567	756
Fife	292,276	98	66	164
Glasgow	1,105,505	421	521	942
Inverness	*	30	31	61
Islands	*	26	17	43
Lanark	500,041	153	158	311
Lothians	235,530	84	77	161
Orkney	23,279	18	8	26
Perth	126,346	61	44	105
Renfrew and Bute	316,790	126	98	224
Ross and Cromarty	*	15	18	33
South Eastern	108,653	54	34	88
Stirling	200,669	76	42	118
Zetland	24,753	14	8	22
Total	4,881,692	1954	2327	4281

* The total population of the Inverness Division, together with the Islands and Ross and Cromarty, is estimated as 153,052. Figures for the three Divisions severally are not available.

Deaths of Practitioners

Table XIV. records the number and class of civilian practitioners medically domiciled in Scotland who died on service or in a civil condition. Column 2, entitled Service Deaths, presents up to 31 December 1919 the deaths of Officers, other than permanent Officers of the Regular Forces, who were killed in action, lost at sea by enemy action, or died of wounds or disease contracted on service. Column 3, entitled Civil Deaths, submits up to 11 November 1918 the deaths of practitioners engaged in civil practice. The extension of time in column 2 enables account to be taken of deaths of Officers occurring after the Armistice from wounds sustained or disease contracted prior to that date.

The total deaths among practitioners were 362, of which 133 were service deaths and 229 civil. Service deaths confer their distinction on every class of the Table. The weight of civil deaths was greatest on the dental and retired practitioners, of whom most belong to the latter category. Among whole-time officials and unestablished practitioners civil deaths were relatively few. Private, insurance and consultant practitioners occupy an intervening position, nearer the lower limit.

Had the British Empire been at peace from 1909 to 1918 inclusive, and had the average annual death-rate among all practitioners registered in the Medical Register, which is the aggregate of the three Local Registers for England, Scotland[1] and Ireland, for the five years ended 31 December 1913 continued unaltered during the five years ended 31 December 1918, the deaths of practitioners medically domiciled in Scotland during the 4¾ years ended 11 November 1918 would have been at the average annual rate of 15·4 per 1000.

[1] Separate figures for the Scottish Register were not available.

In so concluding it is necessary to make the assumption —which may or may not be warranted — that all registered practitioners and practitioners medically domiciled in Scotland are normally exposed to the same risks. If the average annual rate of 15·4 per 1000 be applied for 4¼ years to 4051, the mean of 3822, the count of 1 August 1914, and 4281, the count of 11 November 1918, the deaths among civilian practi-

TABLE XIV

DEATHS OF SCOTTISH CIVILIAN PRACTITIONERS

Service Deaths 2 August 1914 to 31 December 1919
Civil Deaths 2 August 1914 to 11 November 1918

1	2	3	4
	Service Deaths.	Civil Deaths.	Total Deaths.
Private Practitioners . . .	5	19	24
Insurance Practitioners . . .	29	117	146
Consultants	3	10	13
Whole-time Officials . . .	8	8	16
Dental and Retired Practitioners .	6	64	70
Unestablished Practitioners . .	82	11	93
TOTAL	133	229	362

tioners medically domiciled in Scotland may be estimated at 265. The total recorded deaths, in column 4 of Table XIV., exceed this estimate by 97.

The 229 civil deaths similarly calculated on the mean number of practitioners at risk of civil death during the 4¼ years are equivalent to an approximate average annual war death-rate of 18·3 per 1000. This rate is higher than the general average peace death-rate of 15·4 per 1000, but the class at risk of civil death during

the war years—a class which excluded the youngest practitioners and included the oldest—was of a notably unfavourable age constitution, so that the whole difference between the two rates cannot be set down as a measure of the effects of war. The general proposition, however, that the pressure of the war bore heavily on the civil profession requires no support from figures.

Practitioners who Served

The Scottish civilian practitioners who served in His Majesty's Forces are classified in Table XV. Officers surviving and Officers who died make up the total who served. The total who served were 2349, of whom 158 were private practitioners, 599 insurance practitioners, 151 consultants, 219 whole-time officials, 66 dental and retired practitioners and 1156 unestablished. These

TABLE XV.

CLASSIFICATION OF SCOTTISH CIVILIAN PRACTITIONERS WHO SERVED DURING THE WAR

1	2	3	4
	PRACTITIONERS WHO SERVED.		
	Surviving.	Died on, or of, Service.	Total Served.
Private Practitioners	153	5	158
Insurance Practitioners	570	29	599
Consultants	148	3	151
Whole-time Officials	211	8	219
Dental and Retired Practitioners	60	6	66
Unestablished Practitioners	1074	82	1156
TOTAL	2216	133	2349

TABLE XVI

Distribution of Scottish Civilian Practitioners who Served during the War

1	2	3	4
Division.	General Practitioners.	Other Practitioners.	Total.
Aberdeen	64	202	266
Argyll	15	12	27
Ayr	28	63	91
Banff, Elgin and Nairn	19	40	59
Caithness and Sutherland	8	13	21
Dumbarton	14	34	48
Dumfries and Galloway	21	45	66
Dundee	34	65	99
Edinburgh and Leith	84	354	438
Fife	47	51	98
Glasgow	183	360	543
Inverness	10	23	33
Islands	5	9	14
Lanark	62	115	177
Lothians	35	56	91
Orkney	3	5	8
Perth	20	29	49
Renfrew and Bute	50	62	112
Ross and Cromarty	3	13	16
South Eastern	19	19	38
Stirling	28	18	46
Zetland	5	4	9
Total	757	1592	2349

figures, on the mean of the numbers of each class living on 1 August 1914 and 11 November 1918, indicate that there served of private practitioners 44 per cent., of insurance practitioners 35 per cent., of consultants 63 per cent., of whole-time officials 49 per cent., and of dental and retired practitioners 22 per cent. The number of the unestablished who served overtops the mean. Of the mean total strength of the civil profession in Scotland, including the unestablished, 58 per cent. were on service during the recent war.

The distribution among Divisions of the practitioners who served is presented in Table XVI. The largest totals are those recorded for Glasgow and Edinburgh and Leith. Aberdeen has a figure of over 200, and Lanark and Renfrew and Bute over 100. Dundee, Fife, Ayr and the Lothians have over 90. Every Division sent its contingent.

Denudation in Civil Practice

Table XVII. portrays the areal distribution of Scottish General and Other Practitioners surviving on 11 November 1918, according as they were serving, or alternatively had already served, on that day, or remained in civil life. Thus the General Practitioners in column 3 include not only those who were on service on 11 November 1918, but also those who, having given service, had returned to the charge of their practices. Few, however, had so returned, and most who had returned had again gone on service, so that the General Practitioners of column 5, who represent the balance of column 3, may be taken as broadly equivalent to the number engaged in civil practice on Armistice Day. The figures of column 5 are therefore employed in fixing the population, in column 7, per general practi-

TABLE XVII

Distribution of Scottish Civilian Practitioners, Serving and Remaining in Civil Life at 11 November 1918

1	2	3	4	5	6	7
Division.	Estimated Population 11 November 1918.	Practitioners. Serving, or having Served, at 11 November 1918.		Practitioners. Remaining.		Population per G. P. Remaining Col. 5.
		G. P.	Others.	G. P.	Others.	
Aberdeen	344,753	59	194	86	42	4009
Argyll	60,572	14	11	37	16	1637
Ayr	269,652	26	59	77	22	3502
Banff, Elgin and Nairn	105,774	18	39	34	14	3111
Caithness and Sutherland	47,626	8	12	17	5	2802
Dumbarton	147,536	14	32	36	20	4098
Dumfries and Galloway	135,224	21	44	50	22	2704
Dundee	274,075	33	62	59	44	4645
Edinburgh and Leith	409,586	81	330	108	237	3792
Fife	292,276	47	45	51	21	5731
Glasgow	1,105,505	174	341	247	180	4476
Inverness, Islands, and Ross and Cromarty	153,052	18	38	53	28	2888
Lanark	500,041	61	109	92	49	5435
Lothians	235,530	32	52	52	25	4529
Orkney	23,279	3	5	15	3	1552
Perth	126,346	20	25	41	19	3082
Renfrew and Bute	316,790	48	57	78	41	4061
South Eastern	108,653	17	17	37	17	2937
Stirling	200,669	24	17	52	25	3859
Zetland	24,753	5	4	9	4	2750
Total	4,881,692	723	1493	1231	834	3966

tioner remaining, which furnishes an index for each area of the denudation in civil practice. For reasons stated under Table XIII., Inverness, the Islands and Ross and Cromarty require to be grouped together. The remaining areas are the same Divisions as in previous distribution tables.

Of the ten Divisions whose population exceeded 200,000, two, Fife and Lanark, had over 5000 persons per general practitioner remaining; five, Aberdeen, Dundee, Glasgow, Lothians, and Renfrew and Bute, had over 4000; while three, Ayr, Edinburgh and Leith and Stirling, had over 3500. Of the less populous areas, one, Dumbarton, exceeded 4000. For Scotland as a whole the population per general practitioner remaining was 3966, a notable increase on 2192, the corresponding figure for 1 August 1914.

That this attenuation should have been reached without a general breakdown of the civil medical service, and the popular unrest which would have ensued, was the result of several causes. There are grounds for the view that the total demand on the profession from civilian sources, though latterly overwhelming to the practitioners left at home, was less during the war than under peace conditions. Enlistment reduced the number of the persons qualified to obtain civil medical attendance. The abundance of employment promoted mental and physical well-being. The rationing restrictions in certain cases were probably beneficial to health. Before the high purpose and the grave issues of the war valetudinarianism withered. People, when genuine illness overtook them, complied with requests made on behalf of the profession and sent their summonses to their doctor by a stated hour of the morning. At the Emergency Bureaux the amount of work requiring to be done was in general below ex-

TABLE XVIII

Population per General Practitioner in Practice 1914–1918

1	2	3	4	5	6
	1914 1 Aug.	1915 15 May.	1915 31 Dec.	1916 7 June	1918 11 Nov.
Aberdeen	2194	2803	3301	3396	4009
Argyll	1364	1541	1688	1688	1637
Ayr	2033	2164	2333	2333	3502
Banff, Elgin and Nairn	1730	2003	2238	2238	3111
Caithness and Sutherland	2007	2609	2747	2899	2802
Dumbarton	2570	2899	3168	3168	4098
Dumfries and Galloway	1746	2075	2310	2347	2704
Dundee	2786	3391	3518	3655	4645
Edinburgh and Leith	1728	2077	2372	2330	3792
Fife	2704	3226	3771	3771	5731
Glasgow	2188	2606	3019	3181	4476
Inverness	1713	2413	2413	2528	**2888**
Islands	2679	3014	2893	2893	**2888**
Lanark	2948	3387	3915	3980	5435
Lothians	2399	2741	3030	3070	4529
Orkney	1295	1363	1523	1523	1552
Perth	2391	3033	3188	3272	3082
Renfrew and Bute	2154	2477	2752	2831	4061
Ross and Cromarty	2307	2451	2801	2801	**2888**
South Eastern	2012	2483	2431	2652	2937
Stirling	2170	2349	2773	2852	3859
Zetland	1994	1994	2791	3101	2750
Total	2192	2576	2892	2959	3966

The figures in black type are for Inverness, the Islands, and Ross and Cromarty taken together.

pectation. As may be deduced from Table XVIII. the change from a full supply to a scarcity of practitioners was effected by gradual stages.

Excepting the influenza epidemic[1] of 1918–19, which cost Scotland 17,575 lives, and which would have overtaxed the medical profession even at its normal strength, the standards of medical practice, in their essentials, were preserved intact through the war period, and if practitioners were less accessible than in the days of peace, the hardship so entailed was not more than people, to their credit, accepted as unavoidable.

While such was the general position, there was inequality in the local incidence of the shortage. The differences between Divisions have been stated. In a number of areas within Divisions the proportion of persons per general practitioner was much in excess of the Divisional average. In a part of Glasgow which was normally cared for by seventeen general practitioners, ten of these in February 1918 were absent on military duty. Of the seven remaining, two were ill and one was totally incapacitated, leaving only four effectives for a population of 55,000. This was equivalent to 13,750 persons per general practitioner. The Emergency Committee obtained from the War Office the discharge of one of the ten officers on service, so that the number of persons per general practitioner fell to 11,000.

Complaints from Districts, put forward by local bodies, as to the lack of medical attendance were received by the Committee in a number of cases towards the close of hostilities. While sympathizing with the requests made, the Committee, owing to the requirements of armies in the field, was seldom able to grant them.

[1] The maximum intensity of the outbreak was during demobilization.

Pressure of Civil Work

The maintenance of a medical service in the country despite the conditions prevailing was only made possible by the strenuous and unremitting efforts of the medical men in civil practice. Their self-denial and devotion were worthy of the best traditions. The strength of many was overpowered by their burden. Instances occur to the minds of all of doctors whose lives were cut short by the strain of their war-time duties. In a district of Glasgow in the course of one week two elderly practitioners died on their rounds, one while seated at the bedside of a patient, the other in the street.

Further Denudation

It thus emerges that by Armistice Day the number of general practitioners in civil practice in Scotland had been reduced far below the pre-war level. It is shown, however, that the loss of personnel was unequally shared among Divisions and parts of Divisions.

If the war had continued, and the Fighting Forces had demanded further drafts of Scottish medical officers, further drafts could have been provided. From the remote and insular areas further withdrawals could have been made by means of substitution, and an increase in the denudation of populous areas, accompanied by a smoothing of the inequalities between them, would have liberated substantial numbers. It is probable, however, that the voluntary system of arranging for the carrying on of vacated civil practices would have required to be replaced by a co-ordinated scheme under statutory powers. It was happily never

necessary to compute the ultimate degree of denudation of the medical service which, had the fighting on the Western Front in the Autumn of 1918 proved indecisive, would have had to be imposed upon the nation; but the opinion is hazarded that, as long as Britain could maintain Armies in the field, so long, at least, the Scottish profession would have been able, and willing, to supply medical officers.

How Sleep the Brave

It would have extended the range of this administrative account beyond its proper limit, if the attempt had been made to depict any of the great events to which the work of the Emergency Committee was but the prelude. The naval and military actions in which Scottish medical officers played a distinguished part belong to larger history.

To the Officers who gave their lives for their country Scottish Medicine will owe and pay a tribute of grateful remembrance. They attained the crowning honour of war and ennobled the profession which counts them in its number. No term of praise can add lustre to their name. They rest, whether by sea or land, secure of a special place in the memory and affection of their colleagues.

Acknowledgments

From the date of its entrance upon medical recruiting until March 1918 the Emergency Committee was indebted to the unwavering support of Sir Alfred Keogh, D.G., A.M.S., whose far-sighted appreciation of the twofold responsibility of the profession, for both the military and the civil purposes of war, lightened the

labours of the Committee at various critical stages and in a wider field determined a medical policy which conduced to the success of the British arms. To Sir T. H. J. C. Goodwin, who became D.G., A.M.S. in succession to Sir Alfred Keogh, the Committee was obliged for much consideration especially during the difficult period of demobilization. The Committee's relations with Lt.-Col. A. P. Blenkinsop, A.D.G. (personnel), Sir William Babtie, D.M.S., and Sir E. Worthington, A.D.G. (personnel), at the War Office, with the officers of the Scottish Command, and with the Medical Department of the Admiralty, were of the most cordial character.

Throughout its tenure the Committee had the advantage of receiving the advice, on problems arising, of Sir Donald MacAlister, President of the General Medical Council, who, although unable to accept membership of the Committee[1] placed his wide experience of medical questions entirely at its disposal.

From the Right Honourable Robert Munro, Secretary for Scotland, and the officials of the Scottish Office, from the Earl of Derby as Director General of Recruiting, from the Department of National Service under Mr. Neville Chamberlain, from the Ministry of National Service under Sir Auckland Geddes and, for medical services, Sir James Galloway, from the Local Government Board for Scotland, the Scottish Insurance Commission, the Highlands and Islands Medical Service Board and other Public Departments, and from the Central Medical War Committee and the Committee of Reference in London, the Committee received effective co-operation in all matters of mutual interest.

To the members and officials of Town and County

[1] P. 52.

Councils, District and Insurance Committees, Education Authorities and Parish Councils, to the Scottish Universities and Medical Schools, to Managers of Hospitals and Infirmaries, Employers of Labour, Miners' Associations, and others concerned in the question of medical supply, the Committee was indebted for clear statements of cases submitted to it, and a reasonable acquiescence in its decisions.

The Committee owes a cordial acknowledgment to the British Medical Association, which made its organization available to the Committee in the appointment of War Committees. The War Committees rendered important service. They proved themselves zealous, efficient and worthy of every confidence. The names of their original Secretaries are recorded in Appendix I.

By courtesy of the Royal College of Physicians, Edinburgh, the College, as already noted,[1] was utilized as the Headquarters of the Committee, and Mr. T. H. Graham, the Librarian of the College, acted by permission of the Council as Secretary of the Committee during its period of office. For these facilities, which were much prized by the Committee, its special thanks were presented to the College.

The Committee's most extensive obligation was to the medical profession of Scotland, whose constant support in times of stress was both a stimulus and an encouragement. The confidence of practitioners in entrusting their destinies to its hands was deeply impressive to the Committee. The Committee recognized, in the fullest degree, that any success which followed its work in medical recruiting or in maintaining the standards of civil practice was due not to its own unaided effort, but to the public spirit which

[1] P. 6.

actuated the Scottish profession throughout the national struggle.

A statement of the financial transactions of the Committee is contained in Appendix XI. Contributions were received towards the Committee's expenses from the Royal College of Physicians, Edinburgh, the Royal College of Surgeons, Edinburgh, the Royal Faculty of Physicians and Surgeons, Glasgow, the British Medical Association, and, later, the Exchequer.

Conclusion

It appears to be demonstrated, or convincingly suggested, by the experience of the Emergency Committee, as told in the tale now closing, that in Britain at war it is administratively easy, owing to the bent of the profession, to equip the Fighting Forces with medical officers. To secure an effective distribution of practitioners for civil practice, according to the varying needs of different localities in war-time, is comparatively difficult.

In war, when waged by the modern highly organized state, military and civil medicine are seen to have inter-associations. In large-scale war, after a certain point is reached, military and civil medicine are found to be inseparable, and of nearly equal importance, since difficulty arising on the civil side, through the withdrawal of civil practitioners for military service, acts indirectly as a drag on the further medical equipment of armies. If the question of civil denudation is well handled in early stages, the operation of the drag will be delayed. If the question is well handled throughout, the operation of the drag will be reduced to a minimum.

Any arrangement or preconcerted scheme for

supplying the Fighting Forces with medical officers, drawn up or to be drawn up by the Military Departments of this country in anticipation of a future war, should, if it is to serve the purposes of a large-scale war, include means to hold and adjust the balance between military requirements and the claims of civil practice from the outbreak of hostilities.

APPENDICES

APPENDIX I

(Pp. 29, 198)

DIVISIONS OF BRITISH MEDICAL ASSOCIATION IN SCOTLAND AS ADOPTED BY EMERGENCY COMMITTEE

Name of Division.	Description. Areas named are Civil Counties unless otherwise indicated.	Secretary of War Committee 1915.
Aberdeen . .	Aberdeen. Kincardine.	Dr. F. K. Smith.
Argyll . . .	Argyll.	Dr. J. A. Clarke.
Ayr	Ayr.	Dr. W. F. Brown.
Banff, Elgin and Nairn.	Banff. Elgin. Nairn.	Dr. T. A. Sellar.
Caithness and Sutherland.	Caithness. Sutherland.	Dr. A. Bremner.
Dumbarton . .	Dumbarton.	Dr. J. Young.
Dumfries and Galloway.	Dumfries. Kirkcudbright. Wigtown.	Dr. J. D. Robson.
Dundee . . .	Forfar.	Dr. R. C. Buist.
Edinburgh and Leith	Edinburgh Burgh. Leith Burgh.	Dr. J. Stevens.
Fife	Fife.	G. C. Anderson.
Glasgow . . .	Glasgow Burgh.	Dr. J. Wishart Kerr and Dr. J. R. Drever.
Inverness . .	Mainland of Inverness, *except* Glenelg and Arisaig Parishes.	Dr. J. Murray.

APPENDIX I.—*continued.*

Name of Division.	Description. Areas named are Civil Counties unless otherwise indicated.	Secretary of War Committee 1915.
Islands . . .	In *Inverness*, Glenelg and Arisaig Parishes, Harris District and Islands; in *Ross and Cromarty*, Gairloch, Applecross, Lochcarron, Lochalsh, Kintail, and Glenshiel Parishes, and Lewis District.	No appointment.
Lanark . . .	Lanark, *except* Glasgow Burgh.	Dr. H. Miller and Mr. W. M. Marshall, Solicitor.
Lothians . . .	Midlothian, *except* Edinburgh Burgh and Leith Burgh. East Lothian. West Lothian.	Mr. J. Burnet Mackie, S.S.C. (Midlothian); Dr. W. R. Martine (East Lothian); Dr. A. Scott (West Lothian).
Orkney . . .	Orkney.	Dr. W. Park.
Perth . . .	Perth.	Dr. J. H. Lyell.
Renfrew and Bute .	Renfrew. Bute.	Dr. W. Clow and Dr. W. E. Tellet.
Ross and Cromarty	Mainland of Ross and Cromarty, *except* Gairloch, Applecross, Lochcarron, Lochalsh, Kintail, and Glenshiel Parishes.	Dr. E. K. Mackenzie.
South Eastern . .	Berwick. Peebles. Roxburgh. Selkirk.	Dr. M. J. Oliver.
Stirling . . .	Stirling. Clackmannan. Kinross.	Dr. D. Yellowlees.
Zetland . . .	Zetland.	Dr. S. Bolton.

APPENDIX II

(P. 12)

FIRST MEMORANDUM OF EMERGENCY COMMITTEE

THE Scottish Medical Service Emergency Committee has been constituted for the purpose of assisting to meet the immediate difficulties, in regard to medical practice among the civil population, which have arisen or may arise owing to the departure of practitioners summoned to take up military duty.

It is understood that some 300 Scottish practitioners have been thus called away from their practices, and more are liable to be called for at short notice.

In large towns these difficulties are little felt, for the practitioners remaining have willingly undertaken to attend to the work and to safeguard the interests of their absent colleagues. But in smaller places and in rural districts such friendly arrangements are less easily made. *Locum tenentes* are not numerous, and the rate of remuneration they expect tends to become prohibitive.

To cope with the emergency, the Committee suggests that the following steps should be taken:—

(1) That it should be generally agreed that the fee offered to a *locum tenens* taking the work of a practitioner engaged in military duty should not exceed five guineas a week.

(2) That retired practitioners willing to relieve their professional brethren, and so to enable them to serve their country in the field, should send their names to the Emergency Committee forthwith for registration and ultimate allocation to temporarily vacant practices.

(3) That it be suggested to the educational authori-

ties that school medical officers should be permitted to give at least part of their time to general work.

(4) That the visiting staffs of large hospitals, infirmaries, and asylums should consent to a reduction of the numbers of their medical residents and clinical assistants, and should themselves undertake a proportion of the work usually assigned to these junior officers.

(5) That in the larger towns young practitioners, whose practices are not yet extensive, should in pairs make an arrangement whereby one undertakes the whole town practice for (say) two months, while the other acts temporarily in the country for a third colleague absent on duty; and so alternatively for successive periods.

In these and other ways the Committee has reason to believe that a sufficient supply of practitioners for the present need could be provided; what is still required is to bring the workers and the work together.

The Committee is convinced that the profession generally will recognise that the needs of the civilian population must continue to be met, even in the presence of an imperative call for an adequate service in the field; and that whoever relieves a colleague summoned to military duty *ipso facto* is also serving his country in this time of stress.

The ordinary agencies for the supply of qualified assistants and *locum tenentes* are in active operation, and they should in the first place be resorted to by practitioners requiring such assistance. The Committee does not propose to assume the functions of such agencies. But by furnishing a bureau or "clearing-house" for the collection and dissemination of information, on the one hand, regarding districts or practices deprived of qualified practitioners to work them; and, on the other hand, regarding practitioners prepared to undertake the duty of supplying such vacancies for a time, the Committee is satisfied that a valuable service may be rendered to the profession and the public.

The Committee is now ready to receive communications from medical practitioners in Scotland who are desirous either of obtaining or of affording professional help in the circumstances above indicated. All such communications should be addressed to

THE CONVENER, MEDICAL EMERGENCY COMMITTEE,
ROYAL COLLEGE OF PHYSICIANS,
EDINBURGH.

APPENDIX III

(P. 15)

FORM OF UNDERTAKING

SCOTTISH MEDICAL SERVICE EMERGENCY COMMITTEE

ROYAL COLLEGE OF PHYSICIANS,
EDINBURGH.....

DEAR SIR,

In asking you to agree to act as *locum tenens* for Dr. I feel sure that you will not misunderstand the request that you should give the undertaking referred to below. It is obviously the duty of the Committee to take all reasonable steps to prevent any difficulties arising later **Unless it is otherwise arranged between the practitioners concerned in writing,** each *locum tenens* acting under the present arrangements shall, by the very fact of his so acting, be held to agree not to practise as a Physician, Surgeon, or Apothecary in the town in which he is acting for the regular practitioner, or within the distance of seven miles from such town,—or from the regular practitioner's house where it is not in a town,—for a period of five years from and after the date when the regular practitioner returns to work or ceases to serve with the colours from whatever cause ; and to join with the regular practitioner or his representatives in submitting all questions that may arise in connection with the practice to the Presidents for the time being of (*a*) the Royal College of Physicians of Edinburgh ; (*b*) the Royal College of Surgeons of Edinburgh ; and (*c*) the Royal Faculty of Physicians and Surgeons of Glasgow, as joint arbiters ; and to abide by their decision.

If you agree, please sign the docquet below and return this circular to me, when I shall have it stamped as a binding Agreement.

I am, Yours faithfully,

I confirm the terms above set forth in connection with the practice of Dr.
of which I agree to take charge as *locum tenens.*

Sign as follows :—
"Adopted as holograph,
JOHN SMITH, M.D." → .....

Signature.....

Date.....

APPENDIX IV

(P. 33)

FOURTH MEMORANDUM OF EMERGENCY COMMITTEE

THE WAR

Opportunity of the Profession

I.—To the Medical Profession of this Country there has come a great opportunity. Theirs is to be the distinction of rendering services to the Empire greater than those which any of the other peaceful professions can offer. They will have hardships in the field and sacrifices at home. To make these sacrifices and endure these hardships will be their duty and privilege.

II.—Scotland has provided her full proportion of the medical men required for Army work up to the present date. But a fresh call has gone forth for more volunteers to meet the needs of the new armies and to make good the losses of those now at the front. The call, in the words of the Director-General, is to all "who are physically fit and willing to serve."

Position in Scotland

III.—Various organizations, in particular the British Medical Association through its Branches and Divisions, have taken steps to bring this fresh appeal to the notice of the profession in Scotland, and an encouraging response has begun to be made.

IV.—It is, however, the unanimous opinion of those who are in touch with the War Office on the one hand,

and with the working members of the profession on the other, that a single central body should, in Scotland, undertake the general direction of the arrangements to supply the needs of the nation. After conference and negotiation with the various professional executives it has been agreed to entrust this responsible duty to the *Scottish Medical Service Emergency Committee*, which was constituted in August 1914 for the purpose of dealing with the problems that called for solution at the beginning of the War.

Emergency Committee

V.—This Emergency Committee is a temporary body, and it possesses no right of control; but it has already acquired much useful experience, and it places its counsel and help at the disposal of all members of the profession, whether they volunteer for active service or remain at home to fulfil civil duty and carry on for those who are absent.

VI.—The Committee do not think it necessary to dwell upon the Director-General's impressive appeal. It is printed in the *British Medical Journal* of 13th March last, and is already well known to all. The devotion of the medical profession in Scotland is unquestioned. Guidance and direction only are now required to ensure a response worthy of the high occasion.

Offers for Whole-Time Service

VII.—The attention of the Committee will, in the meantime, be specially directed to offers for *whole-time service*. This is the more pressing problem. The number of men for whole-time service which it is hoped to raise in Scotland is 400. The Committee believe that arrangements regarding part-time service will be best made, and where necessary readjusted, by those possessing a close knowledge of the circumstances of each individual area.

VIII.—Offers for whole-time service may be divided into two classes:—

1. Men under forty, whose services will be accepted for a period of twelve months, and who will be liable for service at home or abroad.
2. Men over forty, who may offer their services for a period of six or twelve months. These will not be sent to France, but will be employed either in this country or in such stations as Egypt, Malta, and Gibraltar. If they desire it, and have been found serviceable, they may be re-engaged at the end of six months.

Men may enrol their names with the Emergency Committee, declaring their readiness to join after a certain date on receiving thirty-six hours' notice from the War Office that their services are forthwith required. If they engage on a twelve months' contract they will receive temporary commissions in the R.A.M.C., with an allowance of £30 for outfit, and pay at the rate of 24s. a day, with 1s. 9d. for Ration allowance, and a gratuity of £60 at the termination of the engagement, subject to satisfactory service. If the engagement is for six months the terms are the same as for the longer period, but the gratuity would be £15 instead of £60.

Organization of the Profession

IX.—In directing the work of enabling men to apply for these appointments the Emergency Committee, as already indicated, is to be the Central Body. It is proposed that the area of each Division of the British Medical Association shall be the local administrative unit, looking for co-ordination, and help if desired, to the Emergency Committee. The area of each division should be in charge of a *War Committee*, the formation

of which should, if necessary, be carried out by the Executive of the Division calling a meeting of the Members of the profession in the area for the purpose. The membership of a War Committee should be small, say three or five. In some cases it may be found that the area of a division, owing to the detailed adjustment necessary to meet varying circumstances, is too large for effective control by the Divisional War Committee. In these cases it will be convenient to subdivide further into such areas as Counties, districts of Counties, or populous Burghs, appointing a War Sub-Committee for each. The work devolving upon War Committees will be considerable, and it is suggested that their members should be men who, despite other pressing claims on every hand, are prepared to make time to do the work.

X.—Before detailing the procedure by which the Emergency Committee will keep in touch with the War Committees, reference must be made to two matters of practical importance. The first of these is the extent to which certain areas have already contributed to the needs of the Army. The second is the question of the dates by which the fresh drafts must be available.

Service already given

XI.—It is known that there are districts in Scotland which have already made notable sacrifices, while in others, for reasons which have up till now been adequate, there are considerable reserves to draw on. Steps have been taken, with the co-operation of the British Medical Association, to ascertain the facts with precision, with the result that the Emergency Committee will have in their hands a Muster Roll of the profession in Scotland. In considering the question of approaching areas with a further call upon their men, the Committee will keep before them, for their guidance, this Scottish Muster Roll.

Fresh Drafts

XII.—With regard to the dates by which the fresh drafts will be wanted, the Emergency Committee have arranged with the War Office to be informed upon this particular. To the total of 400 men referred to in paragraph VII. there is reason to believe that the graduates and licentiates of July will contribute about 100. Of the remaining 300, some will be expected to be ready for duty, if required, in August; an additional number will be due in September; and a further contingent in October. In advising War Committees of the incidence of these claims upon their respective areas, the Emergency Committee will make *successive calls* upon them in order that disorganization of civil practice may, as far as possible, be prevented and time allowed for devising adjustments to meet the new conditions. These calls, which will be *three* in number, will be preceded by a *preliminary notice.*

XIII.—As briefly as possible, the following are the main steps in the procedure which it is proposed to follow.

Procedure of War Committees

XIV.—*Preliminary Notice.* With the Muster Roll of each area before them, and with knowledge of the requirements of the Army, the Emergency Committee will *early in July* intimate to each War Committee the *total number* of men from their Division who will be required for service, and thereupon it will be for the War Committee to make such preliminary arrangements as will expedite procedure when the three successive calls are presented.

XV.—*First Call.* On or about *20th July* the Emergency Committee will intimate to each War Committee the number of men from their Division who will be required to form the *August* contingent. Thereupon the War Committee, acting in subdivided areas through

its War Sub-Committees, will select those practitioners on whom the honour shall fall, and will request them to hold themselves in readiness for service as and when called upon. The War Committee will also, at the earliest possible moment, forward the names of these practitioners to the Emergency Committee. The Emergency Committee will then send to the practitioners the form of application issued by the War Office. These forms, duly filled in, will then be returned by the practitioners to the Emergency Committee, to be transmitted by the Emergency Committee in due course to the War Office, with whom the remaining steps will lie.

XVI.—*Second and Third Calls.* On or about *20th August* and *20th September* the Emergency Committee will similarly intimate to each War Committee the number of men from their Division who will be required to form the *September* and *October* contingents respectively. The further procedure for each of these months will be precisely the same as for August.

Civil Practice

XVII.—It will be the duty of War Committees to assure themselves that proper arrangements can be made for carrying on the practices of those who are to go on service, and the Emergency Committee will look to War Committees to see that names are not sent in until this is ascertained. It is clearly undesirable in the public interest that any area should be denuded of medical practitioners.

XVIII.—In populous centres special schemes for carrying on civil work will have to be devised, or bureaux established as in Dundee and Aberdeen. Such schemes may be specially organized for the purpose, or it may be found convenient to employ the organization of existing bodies. In any case, the schemes should be capable of dealing, where necessary, with both private and insurance practices.

Practitioners on Service

XIX.—Turning now to the questions which fall to be considered by individual medical men, the Committee would urge upon every practitioner who leaves his practice on being chosen for military service the importance of making clear and business-like arrangements for the conduct of his work with the colleague or colleagues who take charge of it. The Committee suggests that such arrangements between practitioners should be communicated to it; and it is prepared, when desired, to advise as to their suitability. This suggestion is offered because, during the past months, the Committee's advice has repeatedly been sought in cases where arrangements proposed or made have been found deficient either in definiteness or in equity as between the parties. When a misgiving as to equity exists on either side the Committee will be ready to advise on the arrangement with a view to its reconsideration if thought necessary. It is better to seek a satisfactory readjustment than to leave doubts unsettled, and so kindle a sense of injustice on one side or the other.

XX.—As a result of its experience, the Committee strongly recommends every practitioner who joins the Army to nominate some person, preferably a business man, with power to act on his behalf in those matters of business concerning his practice which may emerge during his absence.

XXI.—Members of the Committee are constantly being asked by their medical friends or former pupils to advise them as to the direction in which their duty lies in the circumstances of the time. The Committee is now prepared to assume the responsibility of giving such advice to enquirers. Its composition and experience justify it in believing that its collective opinion, formed after due consideration of each case on its merits, will be received by the profession and the public as

definitive. Correspondence from those who desire the support of such an opinion is accordingly invited.

Practitioners who remain at Home

XXII.—Practitioners who remain at home may be counted upon to safeguard loyally the interests of colleagues absent on military duty; but it is necessary to urge upon all who assume this responsibility that in making arrangements for such an object co-operation on a recognized plan is of supreme importance, and is indeed essential to the efficiency and repute of the profession in the present emergency. The Committee will always be prepared to facilitate such co-operative arrangements, and, if necessary, a member of the Committee will visit the locality concerned in order to assist negotiation.

XXIII.—In January last the Committee issued a circular containing suggested arrangements for carrying on the practices of men then absent on duty with the King's Forces. While the principles therein embodied still hold good, the problem has grown so as to make it desirable to reiterate the more important of these principles and to formulate others.

Classes of Practice and Financial Arrangements

XXIV.—While the medical man who is with the Forces has the honour of serving his country directly, he may at the same time imperil the position which he has established after many years of hard work or in which he has sunk his capital. The man who remains to do the necessary work at home has to take on a large addition to work which may be already considerable, and he has to do this without the prospect of its being of any lasting benefit to him, for it is the essence of these arrangements that they are only "for the period of the war." Bearing these considerations in mind the Committee commends the following arrangements for three classes of practice:—

CLASS I.—*Town Practice.*—Large towns where the question of mileage is not a very important consideration. Here it is suggested that an equal division of the remuneration should be agreed upon, this to apply both to private and insurance practice. Where a bureau is in operation the plan should be to deduct the expenses of working from the receipts and divide the balance equally.

CLASS II.—*Town and Country Practice.*—Towns with a considerable population, but with a large amount of country work, necessarily involving the question of travelling expenses. It may be possible to ascertain these with more or less exactness, but as a general rule probably a division of all remuneration on the basis of three-eighths to the absentee and five-eighths to the man who is doing all the work and paying all the expenses is the nearest to equity.

CLASS III.—*Country Practice.*—Smaller centres or Single Practice Areas where the question of travelling expenses and consumption of time becomes still more important. In such, three-fourths at least should be allotted to the man who is doing the work.

XXV.—It should be noted with regard to the three classes of practice that the difference between, say, a town practice (Class I.) on the one hand, and a town and country practice (Class II.) on the other, is not entirely one of geographical situation. Practices in large cities will in general offer no difficulty; they are town practices pure and simple. For practices in towns of moderate size, however, much will depend on the character of the town. In industrial burghs many practices will suitably be classed as town practices (Class I.); while in a market town of the same population all practices will probably be of the town and country class (Class II.). In the same town again,

some practices will belong to Class I. and others to Class II. Lastly, in many small towns where the bulk of the work lies in the surrounding country, the town element may be practically non-existent, and the practice would fairly be counted in the country class (Class III.). Consideration of the facts and of local conditions can alone determine the correct point of view in doubtful cases.

XXVI.—The foregoing considerations are thought to be applicable both to private and insurance practice, including under private practice all fees for medical attendance, operations, midwifery, and the like, and under insurance practice all capitation fees, mileage and dispensing allowances, and other charges, if any. The sum total of such amounts would be divided between absentee and deputy in the proportion of half and half: three-eighths and five-eighths: and one-quarter and three-quarters—according as the practice falls under Class I., Class II., or Class III.

Accounts

XXVII.—In private practice the treatment of cash payments will be simple. As regards the rendering of accounts for private work on behalf of absentees, these should be sent out by the deputy at the same time as he sends out his own, and it is suggested that they should be sent by Dr. A. "on behalf of Dr. B., absent on duty with the King's Forces."

XXVIII.—In insurance practice it will probably be found convenient that the Insurance Clerk should pay directly to the absentee and to his deputy the proportional amount agreed upon between them. Formal authorization would require to be given to the Clerk with this object.

Question of Transfers

XXIX.—The Committee are confident that no medical man remaining in civil practice at home will endeavour

to secure the transfer to himself of patients of a practitioner absent on War Service. Alike for private and insurance work they feel sure that this rule will hold.

XXX.—With reference more particularly to insurance work the Committee think it useful to say that, save in very exceptional circumstances which are dealt with in paragraph XXXII., it is not in the general interests of the profession that transfers should be made from the Insurance lists of doctors absent on War duty. Nor is it necessary. The position of Deputy is clearly recognized by the Agreements under the Medical Benefit Regulations. Insured persons do not need to be on the list of the deputy; they remain on that of the doctor for whom the deputy acts. In the course of a year transfer can ordinarily take place only with the consent of the doctor whose list contains the name of the insured person. At the end of a year such consent is not required; the insured person may then give notice that he desires to change his doctor, and having done so he is at liberty to make a fresh choice. In some areas doctors remaining at home have passed a self-denying ordinance, by which they refuse to accept any such transfers for a period of twelve months from the return home of the doctor absent on War Service. If, however, an insured person were to persist in his determination for transfer notwithstanding such refusal by the doctor to whom he applies, then the Insurance Committee would be required to assign him to some doctor in their area, and that doctor would be bound to accept. It seems to the Committee that it is the proper course for the doctor to whom such persons are assigned, to hold them in trust for the absentee, sharing the capitation and other allowances on the principles of paragraph XXVI. Further, it is open to the profession in any area to agree that, at the end of the year during which such assignment holds good, the doctor will refuse to continue the insured person on his list, so that it will be necessary for the insured person to make a fresh choice, and he will naturally revert to his original doctor.

XXXI.—The Committee is satisfied that the adoption by the profession of an arrangement on these lines will give very full protection against loss of practice through acceptance of War duty; but even if any loss were to occur, it would amount only to this, that the doctor, in respect of his own work, is sharing in the burden which every individual in the Nation will have to bear on account of the War. The Committee knows that that burden, and greater burdens, will be borne unflinchingly.

XXXII.—The Committee recognizes that a certain number of applications for transfer from the lists of practitioners absent on service may be due to circumstances which have nothing to do with the War. These cases should be considered on their merits, and the decision may sometimes be difficult; but the Committee is of opinion that no practitioner should accept such an application without having previously consulted some local body representative of practitioners in his area. The facts should be laid before the Panel Committee or the Local Medical Committee or similar Medical Association, and the practitioner should take their advice into careful consideration.

Vicarious Service

XXXIII.—Those who cannot serve the Country directly with the Forces can do so indirectly by placing themselves at the disposal of the Emergency Committee as *locum tenentes*. There are young men in remote districts eager to join the R.A.M.C., who are prevented from doing so because they can get no substitute, and can find no neighbour near enough to do their work. If a man who is himself too old to serve will take the place of one of those young men, and thus allow him to go, he will indirectly contribute one to Scotland's four hundred.

EDINBURGH, 28*th June* 1915.

APPENDIX V

(P. 42)

NOTICE

DOCTORS SERVING WITH H.M. FORCES

PATIENTS

whose ordinary medical attendant is serving with the forces should during his absence intimate his name to any other doctor whom they may consult or call in.

BY REQUEST OF
THE SCOTTISH MEDICAL SERVICE EMERGENCY COMMITTEE.

APPENDIX VI

(P. 53)

To be filled in by Practitioner not holding a Commission

REGISTRATION FORM

MEDICAL RECRUITING SCHEME—1916

Name of Practitioner (*Surname*).....

(*Christian names in full*).....

Qualifications).....

Present work:

State here whether general practitioner and if so whether panel or non-panel: consultant: whole-time officer (public health officer, tuberculosis officer, hospital resident, pathologist, etc.): recent graduate living at home, etc.

Address.....

.....

.....

.....

Age as at 1st January 1916.....

Group.	Age.		Mark with a X the service or services which you are prepared to render.
	Under 45	.....	Lieut., R.A.M.C. (general service).
B	45 to 55	.....	Lieut., R.A.M.C. (home service).
		.....	Part-time home military work.
		.....	Locum tenens.
		.....	Part-time home civil work.
C	56 and upwards	.....	Part-time home military work.
		.....	Locum tenens.
		.....	Part-time home civil work.

At the call of the Local War Committee for my area, as instructed by the Scottish Medical Service Emergency Committee, I am prepared to render the service or services marked above. This offer is subject to the condition that, in the event of such service requiring me to leave my present work, I am enabled to make arrangements for having it carried on during my absence.

(*Signature*).....

(*Date*).....

To be returned to

THE SECRETARY,

SCOTTISH MEDICAL SERVICE EMERGENCY COMMITTEE,

ROYAL COLLEGE OF PHYSICIANS,

EDINBURGH,

before 31st December 1915.

APPENDIX VII

(P. 61)

Form K

DEAR SIR,

I enclose herewith Application Form for a Commission in the Royal Army Medical Corps by the following practitioner :—

Dr......

Address.....

.....

I have ascertained that in the event of the practitioner obtaining a Commission, the following arrangements will be made for carrying on his work during his absence :—

My Committee is of opinion that these arrangements are satisfactory.

Yours faithfully,

.....

Secretary of the Local War Committee for the .....Division.

THE CONVENER,
SCOTTISH MEDICAL SERVICE EMERGENCY COMMITTEE,
ROYAL COLLEGE OF PHYSICIANS,
EDINBURGH.

APPENDIX VIII

(P. 62)

LETTER OF EXCUSE

Dr......

Address.....

.....

THE SCOTTISH MEDICAL SERVICE EMERGENCY COMMITTEE is of opinion that it is meantime undesirable in the public interest to call on the above-mentioned medical practitioner to undertake Military Service.

This Letter is valid until.....

....

Secretary. *Convener.*

ROYAL COLLEGE OF PHYSICIANS,
EDINBURGH,.....19.....

APPENDIX IX

(P. 73)

CERTIFICATE OF REGISTRATION

SCOTTISH MEDICAL SERVICE EMERGENCY COMMITTEE

This is to Certify that Dr.

has registered his name with this Committee as one who is willing to accept a Commission in the Royal Army Medical Corps, if and when called upon to do so.

.....*Convener.*

.....*Secretary.*

ROYAL COLLEGE OF PHYSICIANS,
EDINBURGH.

APPENDIX X

(P. 155)

INDIVIDUAL NOTIFICATION

M.N.S. (M) 5

MINISTRY OF NATIONAL SERVICE

MEDICAL PRACTITIONERS

Notification pursuant to Regulation 17 of the Military Service (Medical Practitioners) Regulations, 1918

Surname.....

Christian Names.....

Address.....

.....

You are hereby notified that any original application to be made by or in respect of you for the grant of a certificate of exemption must be made to the Medical Tribunal in accordance with Regulation 17 of the Military Service (Medical Practitioners) Regulations, 1918, on or before the..... day of.....191 , being the fourteenth day after the sending of this notice.

Dated this.....day of.....191 .

Signature.....

for the Minister of National Service.

Issued by the Ministry of National Service, Westminster, London, S.W. 1.

A1/Form/55.

APPENDIX XI

(P. 199)

SCOTTISH MEDICAL SERVICE EMERGENCY COMMITTEE

STATEMENT OF INCOME AND EXPENDITURE

FROM JANUARY 1, 1915, TO DECEMBER 31, 1919

INCOME

CONTRIBUTIONS RECEIVED—	
Royal College of Physicians, Edinburgh	£200 0 0
Royal College of Surgeons, Edinburgh	75 0 0
Royal Faculty of Physicians and Surgeons, Glasgow	10 0 0
British Medical Association	150 0 0
War Office Grant-in-Aid	750 0 0
Ministry of National Service	100 0 0
	£1285 0 0

EXPENDITURE

PAYMENTS DISBURSED—	
Printing and Stationery	£203 10 3
Typing and Materials	14 15 0
Postages, Telegrams, and Telephones	164 18 8
Travelling Expenses	306 5 8
Salaries and Gratuities	494 11 8
Advertising	9 14 9
Miscellaneous	23 0 6
	£1216 16 6
Balance in hand	68 3 6
	£1285 0 0

The balance in hand of £68, 3s. 6d. is applied towards the cost of production of *The Mustering of Medical Service in Scotland.*

T. H. GRAHAM.

EDINBURGH, *June* 1922.

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